



pro-familia background

Colourful, Flexible and Rights Based

**21 Desires and Needs of
Young People Regarding
Out-of-School Sexuality
Education Services**

A practice-oriented research project
to develop qualitative indicators for
youth-friendly SRHR services

2012



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Introduction

What do young people want?

What sexual and reproductive health services do they need? What conditions must be fulfilled so that they feel that offerings are genuinely tailored to their needs, available, acceptable, accessible, and participative?

To find answers to these questions, pro familia, the leading organisation in the area of sexuality, partnership and family planning in Germany, decided to seek the views of young people themselves. To this end, it carried out a research project entitled 'Needs and Desires of Young People Regarding Out-of-School Sexuality Education Services'.

Between May and September 2011, interviews and group discussions were conducted in two German cities with 38 young people aged between 11 and 22 years. Twenty-one needs and desires of the young project participants were derived from the extensive in-depth data. These needs and desires served as the basis for the development of qualitative indicators for youth-friendly services in the area of sexual and reproductive health and rights (SRHR). The results of the study are addressed to professionals in the field of youth-friendly SRHR services.

The study focuses narrowly on the concrete local experiences of the young participants. It can provide orientation to professionals, while at the same time serving as a touchstone for, and guiding the actions of, providers of youth-friendly SRHR services.

It is also hoped that the findings will encourage a systematic perspective change on the part of professionals, prompting them to incorporate into their professional self-concept the principle that the design and delivery of SRHR services should at all times be guided by the rights of young people, and encouraging them to intensify their lobbying activities. And finally, it is hoped that the present study will provide an impetus for further research on youth-friendly SRHR services – a hitherto neglected area of research in Germany. This further research could also take the form of a representative quantitative follow-up investigation.

Sigrid Weiser,
pro familia Federal Association, March 2012



Chapter 1: Classification – Objectives – Research Questions

The present study is part of the Sexual Awareness for Europe (SAFE II) project, which was conducted between 2009 and 2012 by the International Planned Parenthood Federation European Network (IPPF EN) with the financial support of the World Health Organization (WHO) and the European Commission. Fourteen European NGOs – all of them IPPF EN member associations – participated in SAFE II. The project serves to strengthen the sexual and reproductive health and rights (SRHR) of young people in Europe (Dortch 2011).

The task of the present research project was to enhance the knowledge base on the SRHR of young people in Europe.

The project was committed to the right of young people to high-quality and youth-friendly SRHR services. It aimed to contribute to the enhancement of the quality of, the respect for, and the implementation of these rights, and to encourage policy makers and institutional actors in schools, youth work, and the health system, to champion youth-friendly SRHR services.

In the present study, as in its previous research projects, pro familia adopted a rights-based approach. This approach requires that the research be anchored in the human rights context of sexual and reproductive health and rights (SRHR), and that the research subjects play an active role in the research process (Weiser 2007).

The central principles, objectives, and research questions of the project are outlined below.

1.1 pro familia's Counselling and Competence Network

With a countrywide counselling and competence network, and 180 counselling centres, pro familia is the leading organisation in the area of sexuality, partnership, and family planning in Germany. Sexuality education¹ is one of pro familia's central fields of activity.

Established in 1952 as a traditional family planning organisation, pro familia was a founding member of the International Planned Parenthood Federation (IPPF) that same year, and played an active role in shaping and implementing the paradigm shift from family planning to the concept of sexual and reproductive health and rights, which is anchored in human rights (Thoss 1999).

Each year, pro familia reaches some 200,000 children and young people up to the age of 17 with its sexuality education services (pro familia 2011a). Some 56 per cent of these services are delivered in cooperation with schools; 20 per cent are addressed to children and young people outside the school context; the remaining 24 per cent are accounted for by offerings for schoolteachers and other professionals.

Sexuality education is a compulsory subject at all schools in Germany. Because each federal state (*Land*) is responsible for its own education system, the concrete design and scope of sexuality education varies from state to state (IPPF 2006; WHO, BZgA 2006). In many cases, pro familia has been cooperating with schools for years. The teachers invite the pro familia professionals into the school to deliver sexuality education to their students. In addition, school classes often visit the pro familia counselling centres. Besides schools, pro familia also cooperates with institutions such as kindergartens, youth centres, vocational education centres, centres for girls, and centres for persons with disabilities.

The counselling centres offer consultation hours and special programmes for young people. They provide advice on problems arising from puberty, relationships, and conflicts with parents, and on contraception and pregnancy. They also deliver pre-termination counselling, which is mandatory under German law, and they advise and train employees of child day-care facilities and facilities that cater for persons with disabilities. In addition, pro familia offers online advice services², and, if necessary, pro familia doctors prescribe the morning-after pill. Terminations of pregnancy are carried out at four medical centres. (These procedures account for some four per cent of all terminations carried out in Germany each year.)

pro familia's services and programmes are delivered by multi-disciplinary professional teams comprising (social) educationalists, sexuality educators, psychologists, and medical doctors. Incumbents must hold a university degree and undergo in-house training.

¹ Sexuality education, (pregnancy) counselling, and medical services are offered at the counselling centres and medical centres. Under Section 2 of the Pregnancy Conflict Act (§ 2, SchKG), everyone in Germany has a right to advice on sexuality education, contraception, family planning, and pregnancy. Counselling services are publicly funded and are offered at pro familia counselling centres.

² www.sexundso.de, www.sextra.de.

1.2 Objective: Further Development of the Knowledge-Based Good Practice of Youth-Friendly SRHR Services

Germany does not have a tradition of research on youth-friendly SRHR services (Weiser, Ommert 2010). Nor has the concept and implementation of youth-friendly SRHR services as understood by the IPPF (IPPF 2008b; Population Council, IPPF et al. 2009) been systematically addressed by governmental or non-governmental organisations, the health system, or schools. In practice, the anchoring of youth work in the human rights concept of SRHR, and the involvement of young people in social affairs, education, and health, has only just begun.

The present research project aimed to go one step further. And, in so doing, it followed the IPPF's line that: 'Youth friendly service delivery is about providing services based on a comprehensive understanding of what young people in that particular society or community want, rather than being based only on what providers believe they need. It is also based on an understanding of, and respect for, the realities of young peoples' diverse sexual and reproductive lives. It is about creating a service which young people trust and feel is there for them and their needs' (IPPF 2008b: 4).

Conceiving of young people as rights holders brings about a change in perspective: Young people take centre stage; their needs and desires are studied; and the research findings determine changes to, and the further development of, the services.

For this reason, young people – as users of the services – and professionals, i.e., qualified sexuality educators – as planners and implementers of the services – were involved intensively in the conception and execution of the project and in the validation of the findings. All project participants wanted to avoid the usual helicopter approach to research, preferring, instead, to enter into a partnership that would yield research findings that can be understood by all concerned and that encourage action (Erler, Jaekel 2008). Hence, the self-concept of the present study is that of a practice-oriented research project in the area of SRHR (Lazarus, Liljestrand 2008).

The main aim of the project was to develop qualitative indicators for youth-friendly SRHR services whose applicability and relevance are not limited to the local context, and to formulate requirements and recommendations for the further development of services and for lobbying activities.

A further aim of the project was to encourage further research in this area.

1.3 Research Questions and Their Anchoring in the Human Rights Context

The present research project studied the needs and desires of young people regarding out-of-school sexuality education services. The services chosen were being delivered at two pro familia counselling centres in cooperation with institutional partners at the time when the study was being conducted.

Answers were sought to the following research questions:

1. What needs do young people have regarding the availability of services?
2. What concerns or themes must be taken into account so that services are acceptable to young people?
3. What needs do young people express regarding the accessibility of the services?
4. Do young people express a desire for participation, and, if so, what form should it take, in their opinion?

To find answers to these questions, interviews and group discussions were conducted with 38 young people between the ages of 11 and 22 about services in which they had participated or in which they were participating at the time of the study.

Think global – act local: The analytical framework for the present project was derived from criteria for the assessment of the user friendliness of services that are frequently employed in the international human rights context. In a General Comment on the right to education enshrined in the International Covenant on Economic, Social and Cultural Rights (ICESCR), the UN Economic and Social Council stated that 'education in all its forms and at all levels shall exhibit the following interrelated and essential features: (a) availability... (b) accessibility... (c) acceptability ... (d) adaptability...' (United Nations 1999, Article 13).

These criteria were used to structure the data from the interviews and group discussions. In other words, the data underwent content analysis to determine whether they contained comments regarding the availability, accessibility, acceptability, and participativeness of the services under research.

Chapter 2: Methods

This chapter outlines the methods applied in the research project – from the research design, through the selection of the survey sample and the cooperation partners, to data collection and analysis.

2.1 Design

The qualitative research was conducted in two German cities. From May to September 2011, interviews were conducted with 31 young people aged between 11 and 22 years, and group discussions were held with 17 young people between the ages of 16 and 20.

In addition, interviews and two group discussions were conducted with the participating professionals from pro familia and the cooperation partners. These data have not been analysed within the framework of the present report. Two further workshops took place with the professionals in 2012 in the course of validating the findings for this report.

The interview questions focused on specific regional services and settings of the pro familia counselling centres participating in the study. The young people were familiar with the services because they were either still availing of them at the time or had availed of them in the recent past.

The findings from the interviews were presented and discussed in the group discussions.

The interviews and group discussions were conducted by a male professor of sociology and a female sociologist.

2.2 Selection of the Sample of Young People

In all, 38 young people between the ages of 11 and 22 years participated in the study.

Thirty-one of these young people participated in the interviews: 21 girls/young women and 10 boys/young men. A total of 17 young people took part in the two group discussions: 13 girls/young women and four boys/young men.

Because participation in the group discussions was not conditional upon participation in the interviews, seven young people took part in the group discussions only.

Table 1: Young Participants in the Study

		female	male
Total number of young participants	38	26	12
Interview participants	31	21	10
Participants in the two group discussions	17	13	4

2.2.1 Social Disadvantage as a Selection Criterion

A pro familia study entitled ‘Pregnancy and Termination of Pregnancy In Underage Women’ published in 2009 revealed that the probability of becoming pregnant under the age of 18 increases with the level of social disadvantage (Matthiesen et al. 2009). Against this background, the present study focused on young people from socially disadvantaged contexts.³

The characteristic ‘social disadvantage’ was not defined as a sociological characteristic of individual young people; nor did the interview questions ask about social disadvantage in the form of individual-level indicators.⁴

Rather, the criteria that the majority of the members of the sample of young people should fulfil were defined during the preparation phase of the study:

- The young people mainly attend a *Hauptschule*, a *Foerderschule*, or a *Gesamtschule*⁵, and/or
- they become pregnant at a young age, and/or
- the professionals are familiar with the milieus and families of the young people and are aware that the families display characteristics of social disadvantage (especially: the general and vocational education of the parents and the young people; unemployment in the family; social assistance receipt; migrant background).

³ Parts of the study were part of the SAFE I project.

⁴ Such questions were consciously avoided in the survey. On no account was a sub-text (‘Are you a socially disadvantaged young person?’ ‘A migrant?’, ‘The child of a social assistance recipient?’, etc.) to be communicated against which young people would – rightly – have protested. These young people encounter such ascriptions in their everyday lives and, according to the professionals, they experience them as discriminatory and hurtful.

⁵ A *Hauptschule* is a type of school at lower secondary level providing a basic general education; a *Foerderschule* is a school for children and young people with learning difficulties, physical disabilities, or behavioural problems whose development cannot be adequately fostered at mainstream schools; a *Gesamtschule* is a comprehensive school. Socially disadvantaged children and young people are over-represented in all these school types.

When selecting the pro familia counselling centres, importance was attached to the following criteria:

1. The counselling centres should offer specific services that are particularly suited to reaching young people from socially disadvantaged backgrounds.
2. The counselling centres should have sufficient spatial and personnel resources to reliably collaborate with the project over a period of months from the beginning to the end.
3. The professionals should already enjoy the trust of the young people in order to be able to recruit and motivate them to participate in the interviews and group discussions.
4. The counselling centres should be interested in developing their services further and should identify with the long-term project goals. They should also be interested in taking part in subsequent workshops to validate the project findings.

From the 180 pro familia counselling centres in Germany, two centres – one in City A, one in City B – were selected. These two centres reach the target audience with the following freely accessible services: the Condom Driving Licence (a single-session condom use course), the Drop-In Consultation Hours for Young People, and the Young Mothers Group.

The professionals – pro familia sexuality educators – approached young people with whom they had a relationship of trust and recruited them for the study.

2.2.2 Participants from City A

City A
Location
Structurally weak region with above-average poverty rates
Services offered by the counselling centre
Condom Driving Licence, Drop-In Consultation Hours for Young People
Participants
Mainly <i>Hauptschule</i> and <i>Gesamtschule</i> students; young people from vocational qualification programmes
The services are voluntary and free of charge.

City A lies in the state of North Rhine-Westphalia in western Germany. It has 370,000 inhabitants.

Twenty-two young people (10 male and 12 female) who had availed of the Condom Driving Licence course and/or the Drop-In Consultation Hours for Young People took part in the interviews. Ten young people (4 male and 6 female) participated in the group discussion.

The majority of the young people were attending a *Hauptschule*, a *Gesamtschule*, or a vocational qualification programme. In all three cases, students from socially disadvantaged backgrounds are over-represented.

In addition, City A lies in a region in which the poverty rate has been rising steadily in recent years – more so than in other regions in Germany (Der Paritätische Gesamtverband 2011). This is especially the case in A.

Table 2: Young Participants from City A

	Number of young participants	female	male
Interviews	22	12	10
Group discussion	10	6	4

2.2.3 Participants from City B

City B
Service offered by the counselling centre
Young Mothers Group
Participants
Pregnant adolescents, young mothers
The service is voluntary and free of charge.

City B has 250,000 inhabitants. It is about 300 kilometres from City A. Nine young women who were participating in the Young Mothers Group at the time took part in the interviews. Seven young women took part in the group discussion. All participants from B were born during adolescence or were pregnant when the study was being conducted. International social science research, and the findings of the above-mentioned pro familia study on under-age pregnancy, confirm that

⁶ Some of the designations have been changed. For a description of the services, see Annex, Appendix 4.

young women who become pregnant during adolescence, and who decide to continue the pregnancy, tend to be from socially disadvantaged backgrounds, whereas pregnant adolescents who attend more academically oriented secondary schools tend to terminate the pregnancy (cf. Matthiesen et al. 2009). Adolescent mothers generally have a lower level of education and their future is burdened by an increased risk of poverty (UNICEF 2001). This doubles their individual risk of being left behind socially.

Table 3: Young Participants from City B

	Number of young participants	female	male
Interviews	9	9	0
Group discussion	7	7	0

2.3 Interviews

The interviews were conducted using a method developed in the 1980s by Martin Hilb at the University of St. Gallen (Hilb 1984).

The underlying empirical diagnostic instrument is a standardised employee interview. This instrument was originally developed to facilitate a specific type of strengths and weaknesses analysis – also known as potential analysis – and to quickly generate findings from employee surveys. (For a detailed description of this method, see Annex, Appendix 1.)

Although the fundamental objectives and occasions for use of this instrument are derived from problems that arise in the context of personnel and organisational development in for-profit organisations (see Annex, Appendix 1), the method – or a modified version thereof – is also suitable for application in research in non-profit organisations.⁷ What is particularly impressive is that the instrument is relatively simple to handle once it has been drawn up.

2.3.1 Guiding questions

In several meetings with the pro familia professionals in the two cities, the specific services (Condom Driving Licence, Drop-In Consultation Hours for Young People, and Young Mothers Group) were presented and their objectives and methods discussed. (For a description of these services, see Annex, Appendix 4).

In dialogue with the professionals, guiding questions were identified about which knowledge was to be generated. Methodologically speaking, these guiding questions are not identical to the questionnaire items drawn up later. Rather, they served as a heuristic for the pro familia professionals and the researchers to find answers to the following questions: Are we doing the right things? Are we doing the right things right? What are the right methods from the point of view of the young people? Can tools be identified that are easy to handle, that can be applied to any location, and, at the same time, adapted to specific locations? Is it possible to derive from the services generalizable indicators for availability, acceptability, accessibility and participativeness?

2.3.2 Questionnaire Items

Following this, questionnaire items were developed comprising statements about the services in the two cities from the user perspective. For example: 'I learned a lot from participating in the condom driving licence [course]'. 'There are topics that I would not like to discuss during the drop-in consultation hours for young people.'; 'It is right that there are separate condom driving licence [courses] for boys and girls.'

In several steps, the number of items/statements was condensed to about 70. Because the services in the two cities were very different, the items/statements – and hence the interview questions – for both cities differed to a certain extent. Approximately half the items were identical for both locations and the other half were specific to the respective city (see Annex, Appendix 2 and 3).

⁷ The standardised employee interview was applied for the first time in non-profit organisations in 2009/2010 by the Welfare Organisations/Social Management research unit at Dusseldorf University of Applied Sciences, which is led by Professor Karl-Heinz Boeßenecker. The research projects in question were devoted to: team coaching of a district adult education centre; development of the care and the duration of stay in residential geriatric care facilities; and reorganisation of the social service in residential geriatric care. These projects have not been published to date.

2.3.3 Interviews

Each interview comprised three consecutive rounds. In the first round, the young people were requested to rate the items/statements according to the categories 'significance/importance'. The interviewer presented the items one after the other to the respondent on red cards. A three-point rating scale (agree/ don't know/ disagree) was used.

In the second round, the respondents were requested to rate their satisfaction with the aspects formulated in the items. This time, the items were presented on green cards. A three-point rating scale (satisfied/so-so/dissatisfied) was used.

The third round dealt only with the items that had been rated in a contradictory or polarising manner in the red and green rounds. The respondents were requested to comment on this, to venture an explanation for it, and to make suggestions for improvement. The interviewer recorded these statements in writing as open-ended comments.

Most of the interviews were conducted by the male sociologist. Only a small number were conducted by the female sociologist.

Table 4: Structure of the Interview

Interview Structure: Three Rounds (Examples)						
1 st Round red questions (on red cards)			2 nd Round green questions (on green cards)			3 rd Round (only in the case of contradictory responses to the analogous red and green questions)
agree	don't know	disagree	satisfied	so-so	dissatisfied	Comments (in the form of open responses, recorded in writing by interviewer)
1. I find the way in which we can discuss topics just right.			1. I am ... with the way in which we were able to discuss topics.			
2. I learned a lot from taking part in the condom driving licence [course].			2. I am ... with what I learned at the condom driving licence [course].			
3. There are topics that I would not like to discuss during the drop-in consultation hours for young people.			3. I am ... with the fact that the topics are not forced upon you during the drop-in consultation hours for young people.			
4. It is right that there are separate condom driving licence [courses] for boys and girls.			4. I am ... with the fact that boys and girls are separated.			
5. The information that I obtained helps me deal with things better.			5. I am ... with the information that I was given.			

2.3.4 Analysis of the Interview Data

A total of 31 interviews with young people were analysed. The analysis was limited to the comments made in the third round. These comments indicate contradictions and a need for clarification. A total of 210 comments were collected (137 in City A and 73 in City B).

The analysis of the comments was carried out in two ways:

1. Inductive method

Clustering (basis for the group discussions)

The comments were grouped into eight thematic clusters. The themes of the clusters were not determined a priori but rather emerged from the contents of the comments themselves (inductive method).

The clusters and selected comments were presented and discussed during the group discussions. The intention was to feed the research results back to the young people and the professionals within a short time and to reflect with them on possibilities for change. The group discussions were recorded in writing.

2. Deductive method

Assignment of the comments to the research questions (basis for the research report)

In the second analysis (deductive method), only those comments that fulfilled the following criteria were analysed:

- The statements must be anonymisable despite the fact that they refer closely to localizable services and persons.⁸
- It must be possible to assign them to the categories of the research questions – in other words, they must allude to the availability, acceptability, accessibility, or participativeness of the service in question.

This analysis provided the main framework for the present research report.

2.4 Group Discussions

Two group discussions were conducted in June and September 2011 respectively. A total of 17 young people between the ages of 16 and 20 took part.

Participation in the group discussions was not conditional upon participation in the interviews.

The clustered results of the inductive analysis of the interview data (see method 1 above) were presented in the group discussions. They were reflected upon from an action perspective, and suggestions for changes to the services were collected and recorded in writing.⁹ Individual contributions made during the discussion are included in the analysis presented in the following chapters insofar as they relate to comments made during the interviews.

2.5 Ensuring the Sustainability of the Outcomes

Needs and desires of young people were derived from the data collected in the study. In an initial step to ensure the sustainability of the outcomes, ten service-related thematic fields were formulated from the needs and desires. In a second step, practical requirements and recommendations for youth-friendly SRHR services, referred to here as qualitative indicators, were formulated.

These indicators are addressed to actors in the field of youth-friendly SRHR services. Some were derived directly from the comments of the young people; others were developed discursively in several workshops and discussion sessions with the pro familia professionals.

⁸ Because the items referred to services, and sometimes also to persons, respondents' comments that could not be anonymised could not be included in the analysis. However, they could be discussed during the group discussions.

⁹ Unfortunately, the processes of change in the counselling centres and in the young people themselves that were initiated by the group discussions and participation in the project could not be adequately accompanied and documented within the framework of this temporally limited project. Further accompanying research would make very good sense in order to stabilise the process and to ensure the sustainability of the outcomes in practice.

Chapter 3: Comments Regarding Availability

In this chapter we have compiled comments regarding the availability of the services that were made by the young people in the interviews and group discussions. The dimensions of the availability variable include: temporal availability (opening hours, times at which the services are available); duration; extent; and long-term existence. Further dimensions are the type of reception that young people are given, for example when they drop in to the counselling centre spontaneously, and the possibilities of getting in touch with the centre. The comments have been thematically grouped, and formulated as desires or needs.¹⁰

(1) Opening hours should be consistently tailored to young people's free time.

The young respondents felt that the opening hours were not well adapted to their free time, and that adequate consideration had not, therefore, been given to their time needs. Young people's lives are structured around school hours; school has priority. The counselling centres' services frequently finish in the afternoon – when the young people are either still in school, or on their way home. When they get home from school, they need to relax for a while. And when they do have free time – in the evenings and at weekends – there are too few services available. In the group discussions, the suggestion was made that the counselling centres should open from 17:00 to 20:00 hrs.

There should be longer and different opening hours; especially in the evenings and at weekends there should be people to talk to. I have been to the counselling centre several times to get condoms.

Sometimes school doesn't finish until late. Then it is difficult to get to the counselling centre.

The drop-in consultation hours for young people are not well adapted to school hours.

I don't think it's good that the counselling centre is only open until six. School often lasts until four, and then it's too late to go to pro-familia. After school I want to do something else first. The counselling centre should definitely stay open until eight o'clock.

The opening hours do not suit me. On Thursdays I have football training and school often lasts very long.

The appointment that we were given wasn't well timed, and three o'clock was too early. School didn't end until two.

(2) The counselling centre should be prepared for spontaneous visits from young people – even if they come with friends.

Some young people reported that they had dropped by the counselling centre spontaneously and had been turned away because they did not have an appointment and nobody was available to talk to them. They would like to be able to visit the centre without making an appointment and to find someone trustworthy to talk to. The young people interpreted the acceptance of this desire for a spontaneous reception in the counselling centre as a demonstration of trust. When they were turned away, on the other hand, they saw this as a personal rejection – as something cold and anonymous. The young people indicated that it was normal for them to come to the counselling centre with friends but that the staff at the counselling centre did not necessarily see it that way:

I've often gone to the counselling centre with my friends. Sometimes the counsellors had no time and sent us away without giving us an appointment.

If I had problems, I wouldn't go to the counselling centre. I find it too impersonal and anonymous. The first few times I went there I spoke to people who were just filling in for someone else and I was asked to come back at a later date. My first positive contact did not come about until I talked to A.

¹⁰ The numbering of the 21 needs and desires of young people presented in Chapters 3, 4, and 5 will continue over the three chapters.



(3) Telephone consultation hours for young people should also be available outside normal opening hours.

Young respondents expressed the need to find someone from the counselling centre to talk to even outside opening hours and at weekends. This need was also expressed during the group discussions.

When you have an immediate problem you can't go to the counselling centre outside opening hours. There should be at least one contact person available in the evenings and at weekends.

Somebody should be available at the counselling centre at the point in time when problems arise.

When you have a problem then you should be able to talk to someone immediately. Even in the evenings or at weekends.

Moreover, the young people would welcome telephone consultation hours because they could then be more flexible.

Up to now, issues and current problems can be discussed only during the meetings. If you can't come to the meeting, because you're not well, for example, then it would be good if you could speak to the counsellor on the telephone. There should be a fixed time apart from the meetings during which the group leader can be reached. That would be helpful.

The wish was expressed that the counselling centre should keep in touch with the young people by text message:

I really wish that the counselling centre would keep in touch with me after the initial contact. For example by mobile phone with a text message like 'Hallo, how are you – get in touch', or 'Would you not like to drop by again sometime?'

In the group discussion, too, the young people indicated that they would welcome a telephone advisory service that was also available at weekends. What they had in mind was a kind of 'crisis telephone' service that they could reach at any time.

The time needs of the young people are dependent on generalizable, regular commitments such as school, vocational training and, in the case of young mothers, the needs of their babies (afternoon nap). In addition, young people have other, idiosyncratic, needs. For example, some young people do not like to be out after dark in winter. Therefore, some expressed the wish that the opening hours/ the times of the group meetings, should be managed more liberally and flexibly, and that it should be possible to come later. This would mean that the time structure of the group service would have to be flexibilised.

(4) The long-term existence of the group offerings should be guaranteed.

Some young people expressed the need for the expansion, and long-term continuation, of the group service (for pregnant adolescents and young mothers). On the one hand, they would like the meetings to take place more often and to last longer. On the other hand, they feel that the group services, which were supposed to last only for a limited time, should be continued.

I find the opening hours too short. The group time should be extended until five o'clock at any rate. As far as I'm concerned, in my situation, the meeting could take place twice a week.

The opening hours for the Young Mothers Group could be at least one hour longer. And if the meetings started an hour earlier then we could maybe cook together as well.

I find the two-hour opening hours too short. They should be extended by an hour, at least. Up to five o'clock would be good, because then more young women could come. I think it's good that the service is offered just one day a week. In that way the group is not split up and everyone can meet.

As far as I'm concerned, the meetings could take place twice a week. However, in any case the meetings should last an hour longer; two hours is too short.

It would be a terrible pity if the Young Mothers Group were no longer on offer. Even after the group ends it should continue, somehow, so that we can meet up.

I still keep in touch with the girls from my previous group. We meet regularly and organise it ourselves.

Chapter 4: Comments Regarding Acceptability

This chapter presents comments regarding acceptability of the services that were made by the young participants in the interviews and the group discussions. Dimensions of acceptability include a sense of one's own rights (e.g., the right to privacy); taking account of individual wishes; concrete needs (e.g., condoms); aesthetic sensitivity; and the way in which young people are approached. This is the thematic field with the largest number of comments. These comments have been thematically grouped, and formulated as needs or desires. The numbering continues on from the last chapter.

(5) Young people want respect. They want the boundaries of modesty to be accepted and their privacy to be protected.

Some young respondents emphasised that topics should be addressed only when they were ready to talk about them. If this was not the case, they regarded the conversations, in retrospect, as a forced intrusion into their private affairs and a violation of their right to privacy. Many of the young people mistrusted the group service somewhat because they felt that, in groups, personal boundaries could be violated more easily, and private details disclosed. They felt the need to protect themselves against this.

I visited the consultation hours for young people once and I felt [they] ambushed me a bit with the topics. I felt like I was being pressurised too much.

I wouldn't want to talk about everything during the consultation hours for young people. There is a private sphere that must be respected.

In the big group you should just get information, but there shouldn't be any practical exercises. In the big group I feel like I'm being observed too closely by the others and I disclose information about my own sexual behaviour – I don't want that. Those [details are] too private and are nobody else's business.

During the consultations, the youth counsellors should ask more questions. Because sometimes you are ashamed to talk about something. For example, I can't just tell a stranger that I don't get an erection.

The Condom Driving Licence course and the Drop-In Consultation Hours for Young People should not be delivered

by teachers or school social workers because the young people see them every day at school and, therefore, the necessary distance is lacking. The young people felt that it was good that these offerings were delivered by pro familia professionals.

(6) The fact that the offerings are arranged through the school means that young people can deal with the themes in a confident, matter-of-fact way. What is important is the voluntary nature of the offerings, which must be credible.

You shouldn't be forced to take part in the course. However, you should be actively encouraged to take part without getting the impression that you are being forced.

Because it is offered in cooperation with schools, the Condom Driving Licence course was perceived by the young people as a protected space. And as it is part of the school/institutional programme, the young people do not have to explain their participation to their parents or peers. This makes it easier for them to take part.

My parents don't know that I'm at the youth counselling centre right now. I would have to say that the visit was part of the school project and then they would accept it.

As a Muslim I'm not allowed to have sex before marriage. Nonetheless, it is important to know that there is such a thing as condoms and how to handle them. My parents grumbled about me taking part in the condom driving licence [course]. They didn't think it was a good thing. But, because it was a school project, they accepted it.

(7) Advice services should provide condoms free of charge. They should give advice not only on contraception and pregnancy but also on stress with parents and in relationships. Especially in this area, confidentiality is very important to the young people.



The young people were very interested in services that provide free condoms, and in discreet advice in the case of suspected pregnancy. Moreover, they were interested in offerings that provide advice in the case of problems with their boyfriend/girlfriend. For many of them, confidentiality was a central aspect. To avoid gossip, they wanted to be sure that they would not be seen entering the counselling centre

I visited the counselling centre with friends. We wanted condoms and one of us wanted to know something. I can't remember what he wanted to ask.

I would like to keep in touch with the counselling centre in order to be able to obtain information easier and to learn something, for example how to relate to girls, deal with sexuality etc.

If I had problems with my family or my boyfriend I could imagine going to pro familia. But at first I would try to cope with it on my own. Besides, I'd be worried that someone might see me going into the counselling centre and then get the wrong idea and spread rumours about me (for example, 'She's pregnant').

I don't always find the information [that you get] on the Internet credible, especially when it comes to personal questions. I prefer to ask [these questions] in the group or to ask people I know.

(8) The design and furnishing of the rooms should convey esteem for young people and be emotionally welcoming.

The young people placed particular importance on the design and furnishing of the rooms in which the services are offered. They reacted sensitively to signals emanating from the aesthetics and functionality of the rooms. They described the rooms as unattractive, cold, lacking (colourful) cheer, and off-putting. They did not feel at ease there.

The rooms are okay, but a feel-good factor is lacking. There should be more pictures, candles, and cosy couches, then I'd have a greater sense of well being.

It's not exactly ugly, but it's a bit old-fashioned, like a small apartment. It's not so attractive for young people. If it was up to me, the rooms would be brighter and more modern.

I find that the furnishings take a bit of getting used to. The colours of the rooms are awful. I would prefer warmer colours, then I would have a greater sense of well being. Different seating would make the rooms more attractive and cosy.

I don't like the toilets at the counselling centre. The rooms are so big and cold. They remind me of a prison.

Both rooms should be furnished in a more child-friendly way. There is a lack of suitable toys for the toddlers. Warmer wall colours would also help to make the place cosier. The rooms are also too small.

The rooms could be more child-friendly. There aren't any proper nappy-changing facilities and things aren't adequately child proofed.

We only have the use of the rooms but we cannot decorate them the way we want. The carpet was rough – not a suitable floor covering for babies.

In the group discussion, the young mothers compiled a substantial list of furnishings that were lacking: nappy-changing units, toys, chairs suitable for pregnant women, breast-feeding cushions, bean bags, lighting, clean cooking facilities. It was suggested that a letter should be written to the youth centre explaining why they needed a bigger room. The willingness of the participants to contact institutions with a view to improving the facilities available to the group was very pronounced.

(9) Offerings should not automatically convey the message that young participants have already had, or want to have, sex.

Especially in the group discussion, the young people stressed one point that was particularly important to them. They consistently affirmed their right to self-determined sexuality and the importance of knowledge, sexuality education, and competence in this area of life. However, they also indicated that they found it problematic when the offerings communicated a sub-text that they (the young people) were interested in sex or were sexually experienced. Many of them found this embarrassing; others feared rumours and gossip.

This was described as a particular problem for girls who, for religious or moral reasons, are not supposed to live their sexuality before marriage. Fears were expressed that rumours or malicious gossip could be spread about these girls. Nonetheless, some of the girls in question said that they were curious about what they could learn at the Condom Driving Licence course.

(10) Training in condom use should be appropriate for the age and individual experience level of the participants.

Respondents felt that there was a right age for the offerings – in this case, the Condom Driving Licence course. Many of them indicated that they would have liked to avail of the offering at a younger age.

I would have been glad if I had been able to do the condom driving licence [course] earlier, around the age of 13.

You should do the condom driving licence [course] as early as 6th class.

Condoms and contraception are often discussed in school. I already knew most of it. I think the condom driving licence [course] should be done earlier, around the age of 13.

I think that all 13- or 14-year-olds should do the condom driving licence [course], but on a voluntary basis.

Some respondents felt that they had been too young for the Condom Driving Licence course because they had been sexually inexperienced at the time. On the other hand, they praised the fact they had learned how to handle condoms. They considered this to be of personal benefit and a growth in competence.

I still feel a bit too young for the condom driving licence [course]. It would be better to do it at the age of 15 or 16. Topics like sex and contraception are of some relevance to me alright, but I haven't had any practical experience yet.

I think that you should be at least 16 or 17 years old before you do the condom driving licence [course]. I was still too young. But, in retrospect, I did benefit from it. I am now able to handle condoms. But I still think it's too young.

(11) Girls who are not supposed to have sex before marriage claim their right to be informed and competent in the area of contraception, and articulate their desire for appropriate offerings.

Girls who, for religious reasons, were not supposed to have sex before marriage, stressed that they could increase their competencies by availing of the offerings and that their relationship with their future husband would benefit from this. They particularly emphasised the self-confidence that they would feel as women if their future husbands were not well informed and did not know how to use condoms: They would benefit from knowing more than their husbands did.

We are not allowed to have sex before marriage. But girls have to be well informed, especially when the man isn't.

(12) Condom use courses should be administered in co-educational groups.

Young respondents expressed the view that both sexes should be able to use condoms competently. They concluded from this that the Condom Driving Licence course should be administered in co-educational groups.

The girls should also learn how to handle them. It's nothing bad, handling condoms; after all, it affects both girls and boys. They should therefore take part in the course together

After all, the purpose of the condom driving licence [course] is to practise before you have sexual intercourse and to gain confidence. That affects both boys and girls. At least to a certain extent, girls and boys should take part in the course together.

Respondents felt that the interest in the programmes would be greater if the groups were co-educational.

It might be more interesting if boys took part, too.



Chapter 5: Comments Regarding Accessibility

This chapter focuses on comments made during the interviews and the group discussions regarding the accessibility of the counselling centres. Dimensions of accessibility include not only physical and spatial accessibility (getting to the services), but also advance information about, and invitations to, the offerings, which are a prerequisite to participation. The comments have been thematically grouped, and formulated as desires or needs. The numbering continues on from the last chapter.

- (13) Young people want to have an idea of what is ahead of them. Therefore, they would like to be able to find photos and information about the contact persons and the venue on the Internet.

The young participants pointed to the lack of advance information about the services – in other words, information that could be obtained before they contacted and/or went to the centre personally. They want to be able to get an idea of what is ahead of them. Hence, they expressed a desire for visual information and orientation regarding the venue and the contact persons. The media they had in mind were the Internet (web page or video clip), flyers, and information stands. This could help them to overcome their hesitancy while, at the same time, allowing them to keep their distance at first. The young people felt that an open day – as a non-committal way of getting to know the centre – could have a similar effect.

It would be good if you could get an idea of who you are dealing with before you meet the person. For example through a web page or a video clip. That would make the initial contact easier.

To date there is no information about the Young Mothers Group on the Internet. People mostly find out about the service by word of mouth. I found out about the service when I first contacted the counselling centre.

It would be good if there was an open day to get to know the Young Mothers Group. And it should also be possible to participate on a trial basis.

The Young Mothers Group should definitely continue. And it should be advertised more. I, for example, had

never heard of it and only found out about it from my sister. There is no flyer about the Young Mothers Group, or at least none that I'm aware of.

You should have more information about the course before it takes place – not just brief information from the teacher. That would be possible if pro familia had an information stand in the schoolyard.

- (14) Venues should be easily accessible and have good connections to public transport.

Young respondents criticised the fact that the venues at which the services took place were very hard to get to and that they were not easily accessible by bus or rail. They found the journey physically and mentally strenuous. And they were particularly bothered by the amount of time they lost getting there.

Because I live in another part of town, it is sometimes a hassle to get to the counselling centre.

The counselling centre is too far away from where I live.

The counselling centre is too out of the way and is hard to get to. To get there by rail I've got to change trams several times.

The counselling centre is out of the way. It takes me about an hour and a half to get there by bus and rail. At the beginning I had no idea how to get there.

The counselling centre should be located more centrally in town. At the moment it's too out of the way and it's very hard to get to.

Respondents stressed that most of their activities took place in the district where they lived and that the services should be offered at local drop-in centres, which would bring them closer to the young people's home range. One central location was not enough.

It would be good if pro familia had several centres in A. At any rate there should be one in E. [a district in A]. Many of the young people never leave their district and have therefore never heard of the services. There should be a centre in each district.

(15) Rooms should have barrier-free access.

Some of the young people had experienced that the accessibility of the rooms was not tailored to their needs: they were located on the third floor; there was no lift; and it was difficult to carry babies and prams up the stairs. The pregnant adolescents also had difficulty climbing the stairs.

What is more, there is no lift in the house; for pregnant women and mothers with prams it is very hard to reach the floor [on which the rooms are located].

In addition, there is no lift and at the entrance on the ground floor there is no information about the counselling centre. It is very badly signposted and the first time I went there I got lost on the ground floor.

For pregnant women and mothers with babies it is very strenuous to climb the stairs to the third floor.

The counselling centre is much too far from the city centre. The location doesn't suit me at all. What is more, it is much too strenuous to get to the third floor with the child and all the stuff you have with you.

(16) Schools and youth centres should publicise the services and act as intermediaries.

Many of the young participants took part in the offerings because the institutions that they attended cooperated with pro familia. They accepted that the offerings are arranged through the school and welcomed the fact that schools act as a bridge between young people and the counselling centre.

The course was an offering of the youth workshop. I had heard of the course before. But I don't know whether I would have gone there on my own.

The condom driving licence was a school offering as part of the Youth Project. If it had been a public offering outside school, I might have gone, too, but only with friends, not on my own.

A month ago I also got to know the counselling centre when I visited it with my class.

I got to know the counselling centre for the first time as part of the school project.

I visited the counselling centre several times – five times, I think – with different classes.

I attended the drop-in consultation hours for young people as part of a school project; I didn't go there on my own initiative.

I found out about – and took part in – the condom driving licence through the school. I had never heard of it before that.

I have done the condom driving licence [course] several times. The first time was with my school class; then as an offering at vocational college; and then I took part again completely independently.

The condom driving licence should also be offered at youth centres. Then more young people would have a chance to do the condom driving licence [course] and to obtain information.

Too few young people are familiar with the contraceptives case.¹¹ There should be more information about it in schools and youth centres. Many young people know nothing about it. I don't believe that young people would go to such information events or take part in such courses voluntarily.

(17) Pregnant adolescents need greater – and easier – access to information and advice.

Some young participants indicated that they had often found out too late about support services. Pregnant adolescents, in particular, criticised this fact.

I only found out about the family midwife when I was pregnant. And about the fact that you can avail of [the service] even before the birth. The information came too late for me.

I could have done with contacting the family midwife much earlier. It would make sense to have contact with the midwife at the beginning and the end of the pregnancy. I don't think it's that important in between.

I only found out about the family midwife in the group. Beforehand I'd never heard of her.

It's not that easy to search for, and find, the right midwife. At least I found it hard to get the right information.

¹¹ Here is an illustration: <http://www.profamilia.de/angebote-vor-ort/hessen/marburg/beratungsangebot/sexualpaedagogik/verhuetungsmittelkoffer.html> [accessed 20.6.12].



Chapter 6: Comments Regarding Participativeness

This chapter focuses on comments regarding the participativeness of the services that were made by the young people in the interviews and group discussions. Dimensions of participativeness include participation in the design and delivery of the services; peer-to-peer promotion of the offerings; and (structural) opportunities to switch roles. The comments have been thematically grouped, and formulated as desires or needs. The numbering continues on from the last chapter.

(18) Young people are particularly interested in services that are explained and promoted by their peers.

Young respondents indicated that services could be more attractive if they were explained and promoted by young people themselves. That means, in other words, that they perceive barriers to the services that could be overcome through peer-to-peer promotion.

I attended the course twice: the first time as an offering of the youth workshop; the second time as a vocational college offering. Maybe they should hire young people as multipliers. If they conducted the course it would be more popular.

I could well imagine that other young women feel the same. Maybe it would be possible to implement the idea whereby previous participants inform others about the Young Mothers Group. That would reduce hesitancy considerably.

Respondents felt that the age difference between them and the pro familia professionals was a barrier to interaction. They would like the interaction to be more laid-back, but this was more difficult to achieve with older professionals.

The explanations given by the course instructors should be conveyed in a slightly more colourful and relaxed way, not so presentation-like. Maybe younger counsellors could impart the information better and connect with us easier.

In the group discussion with the young mothers and pregnant adolescents it was evident that the young women were very much convinced of the importance and usefulness of the Young Mothers Group and that they therefore recommended it to others. They discussed and elaborated on the following comment made during one of the interviews:

So much is done for us without us having to do anything ourselves. I don't think it's quite right. By way of a thank-you, the girls could take on some task or bring along something (food, drinks, etc.).

The young women reported that they acted as 'ambassadors' for their group in their personal circles. They recommended the group to friends and to other young women who were in the same situation as they were. They stressed that they, too, had been introduced to the group by friends or other personal contacts, who had also acted as 'ambassadors'. Some of them had joined the group on the recommendation of a representative of an institution. However, in order to actually participate in the group it had been important for them to know someone who was already a member. They also regarded their participation in the SAFE II research project as a commitment to the service and to other young women who find themselves in a similar situation.

(19) Young people want to be involved continuously in the choice of topics and the development of the group dynamics.

Some of the young people indicated that they felt ill at ease at the group meetings when their moods were not taken into account.

Sometimes my mood was not taken into account during the meeting and I felt ill at ease.

Young respondents reported that they did not feel adequately involved in the choice of topics. They felt that electronic media (e-mail, text messages) might be a good means of coordinating topics before the group meetings.

Because I was sometimes unable to come to the meetings, I wasn't always involved in the selection of topics. I would find it good if other topics could be discussed, for example: games with toddlers, or baby care. Perhaps we could also contact the group by e-mail so that we could get information and make arrangements beforehand.

I'm not quite satisfied with my participation [in the group]. Some topics are repeated. I myself have no further topics either. I'm more dissatisfied with the repetition and the boredom it causes.

At first, the situation in the group was unusual. We had to wait a bit; then the presentation of material

began straight way. After the introductory question – ‘What do we want to talk about?’ – the group chose a general topic – bodies – and then the explanations began. It would have been good to ask what exactly was meant by bodies.

The young people felt that some participants were mainly motivated by the desire to show off, and that these people were not genuinely interested in the topic. They had the impression that those who had a genuine interest had been sidelined, and they criticised the lack of methods that could help to redress this imbalance.

One should ask the participants what they already know and what is known. And one should build on that. The atmosphere of the discussion should be more open so that real opinions are expressed and not just swagger.

Young respondents reported that some group members caused disturbances and that these disturbances had a negative impact on communication within the group. They did not come up with any methods or possibilities of reacting to, or putting an end to, the disturbances.

I knew a lot of girls in the group before I joined and we get on well. But I don't like two of the girls; they have a kind of couldn't-care-less attitude. One of them comes with her boyfriend, which bothers me. Other girls don't think it's good either and we have talked about it among ourselves a few times. But not with the group instructor. When her boyfriend is there, some topics cannot be openly discussed. Then we have to withdraw into a corner and whisper among ourselves.

- (20) Young people would like to express their gratitude or give something back. They want easily manageable ways to step out of the role of one-sided taker.

Young respondents felt that they received a lot of commitment and support from the professionals. They indicated that they would like to express their gratitude and

give something back. Although they saw no concrete possibilities of actively demonstrating their gratitude, a desire to escape from the role of one-sided taker was in evidence.

I have often been to the counselling centre and the drop-in consultation hours for young people. I'd like to give the staff something and to thank them for their support in that way.

They do so much for us without our having to do anything ourselves. I don't think it's quite right. By way of a thank-you, the girls could take on some task or bring along something (food, drinks, etc.).

- (21) In principle, young people are willing to commit themselves, but they have limited possibilities of realising their commitment.

In the group discussion with the young mothers and pregnant adolescents, the fact was addressed that the group would soon have to be dissolved because no further funding was available. The young women wanted the Young Mothers Group to be continued because they had benefited from it. They came up with a concept for a playgroup project that entailed games to promote the children's development, and instructions for the mothers about how to play with their children in an age-appropriate way. At the same time, however, a professional should be available to give the mothers advice. In the end, they agreed that the offering should comprise two parts: a two-hour meeting for the mothers and their children, followed by a playgroup that other young mothers could join. In order to realise their project, they decided to write a letter to the funding body.

The positive experiences that the young women had in the group prompted them to lobby for further offerings and to specify their needs in a project concept. They developed a common strategy to stand up for their rights. However, they could do this only with the guidance and help they received in the group situation.

Chapter 7: Results: Service-Related Thematic Fields

In this chapter, the 21 needs and desires that emerged from the interviews and the group discussions are grouped into ten service-related thematic fields.

1. Times

Services should consistently be made available at times when young people are free to avail of them – also during schools holidays, which are particularly conducive to youth-friendly services.

Therefore, a key challenge for youth-friendly services is to align the temporal cultures of the institutional/professional providers of SRHR offerings with the time-related needs and cultures of young people. Young people expect more flexible management of the times at which the offerings are available. They desire, for example, telephone consultation hours in the evenings and at weekends.

2. Rooms/Venues

Young people attach great importance to the aesthetics, design, and functionality of the rooms in which the services are offered. This was apparent from the number of comments they made in this regard and the fact that this aspect was discussed at such length during the group discussions. Aesthetics, design, and functionality convey messages of high or low esteem; ultimately they also express the extent to which young people are recognised as rights holders. Venues should be barrier-free and easily accessible by public transport.

3. Settings and Communication Media

Youth-friendly settings are characterised by the fact that they are prepared for spontaneous visits from groups of young people and maintain the necessary personnel and services to cater for them. Young people who turn up without an appointment should not be turned away. It is very important to them that friends who accompany them to the counselling centre are made to feel welcome both by the personnel and the setting.

Because the telephone is an essential medium for young people, telephone consultation hours are an important service.

4. Respect and Protection of the Right to Privacy

The young people frequently stressed how important it was to them that their right to privacy – and in particular their desire for distance – be respected and protected. They should not be forced to discuss a particular topic or disclose personal information about sexual matters. Therefore, the offerings – and especially the group offerings – in which they participate should not implicitly convey the message that they have already had, or want to have, sex.

In addition, the young people insisted on their confidentiality rights. Trust that the services create a professional environment in which confidentiality is practised in a consistent and sensitive way is of great importance to them. This is of particular significance for girls from traditional or religious families. They worry that people will speak badly of them if they avail of services and that their reputation will suffer as a result. The boys share their concern.

5. Right of Access to Information and Knowledge

The young people claimed the right to access information and knowledge about contraception and sexuality. Those young people who came into conflict with parental expectations when they availed of such services emphasised the desire – and the necessity – to acquire such competencies so that they could have a good relationship with their future partner.

Those young female respondents whose familial, cultural, or religious context requires that they refrain from sex before marriage described this norm as a compass for their daily lives. At the same time, they interpreted it in an enlightened way, stressing their right of access to knowledge about how to handle contraceptives and sexuality, and requesting services that provide such knowledge.

6. Schools in the Role of Intermediary/ Voluntary Nature of the Services

The young people welcomed the fact that SRHR offerings are arranged through the school. When such offerings are considered part of the school programme, this saves them having to justify their participation to others – including their parents. It also gives them a sense of security and reduces their hesitancy.

At the same time, the offerings should be voluntary and nobody should be forced to take part. This was particularly emphasised in relation to concern that their rights to privacy and confidentiality were not protected. The voluntary nature of the offerings should be conveyed and realised in a credible and professional way.

7. Securing Access Through High-Quality Advance Information About the Services

High-quality advance information about the services is very important to young people. How does this information reach them? They want online information. They need detailed descriptions of the content of the offerings, the persons who deliver them, and the premises/rooms in which they take place. Because they wish to have a clear picture of what is ahead of them, visual materials – including videos – are very important, as are images of the premises and rooms in which the services take place. This reflects the great importance that young people attach to the aesthetics and functionality of the rooms, which was mentioned earlier in this report. The second way in which advance information can be transmitted is through the young people themselves – acting as ambassadors for the services. They can prove good communicators of information and can reduce young people's scepticism towards the services.

8. Free condoms, and Counselling and Advice on (Unwanted) Pregnancy

The young respondents expressed a need to obtain free condoms at counselling centres and to get advice about how to use them. Of equal importance to them is the availability of counselling in crisis situations, especially in the case of pregnancy – or concern that one may be pregnant – and relationship crises.

Counselling centres should provide condoms to young people free of charge and be prepared for crisis-laden, sensitive situations that arise in the context of unwanted pregnancies. Free pregnancy tests and a counselling service (in a youth-friendly setting) are very important offerings.

9. Continuity of Services

The continuity and long-term funding of youth-friendly services must be ensured. They must be anchored in the city and in the cooperation with schools, youth centres, etc., and they must be well known. Trust in the offerings, and (especially) in the persons who deliver them, is of great importance to young people. This trust is built up over the years through positive experiences on the part of the individuals themselves and their friends and siblings.

10. Participativeness – Role Switching

The young people expressed the desire to convey their thanks or appreciation to the professionals or the institution. This can be interpreted as a desire for a partial switch, or perspective change, from the role of taker to that of active giver.

The social attitude 'do something to help others', which was explored in the Shell Youth Study (Shell Jugendstudie, Shell Deutschland Holding, 2010), is also apparent in the present study. The young women who took part in the Young Mothers Group were campaigning for the continuation of the service. They wrote a letter to the funding body and expressed the desire to act as public ambassadors for the service. The group discussion offered a forum for this.

Another group of young people demonstrated their commitment in May 2011 by participating in a conference for sexuality educators. They conducted a workshop for the professionals entitled 'Go ahead and ask us!', in which they acted as experts on youth sexuality, answering the professionals' questions and engaging in discussions with them.

Chapter 8: Results: Criteria, Desires and Needs, and Qualitative Indicators for Youth-Friendly SRHR Services

Qualitative indicators were developed on the basis of the 21 needs and desires on the part of young people that emerged from the study. These indicators constitute practical requirements/recommendations for youth-friendly SRHR services. Some of the indicators were de-

rived directly from the young people's comments in the interviews and group discussions; others were developed discursively in several workshops and discussion sessions with the professionals.

Table 5:
Criteria, Desires and Needs, and Qualitative Indicators for Youth-Friendly SRHR Services

Criteria for Youth Friendliness	21 Desires and Needs	Qualitative Indicators – Practical Requirements/Recommendations for Youth-Friendly SRHR Services
Availability	(1) Opening hours should be consistently tailored to young people's free time.	Services from 17–20 hrs Services at weekends Services during school holidays
	(2) The counselling centre should be prepared for spontaneous visits by young people – even if they come with friends.	Mission statement for youth-friendly SRHR services Regular drop-in consultation hours without appointment Young people are given a friendly welcome by staff Training for all staff in how to extend a friendly and competent welcome to young people and their friends Maintenance of resources for the provision of confidential advice to young people and their friends who turn up without an appointment Spatial resources geared towards catering for spontaneous visits by young people
	(3) Telephone consultation hours for young people should also be available outside normal opening hours.	Separate, direct telephone numbers (not via the switchboard) for young people's calls Publicising of separate telephone numbers in social networks and digital media
	(4) The long-term existence of group offerings should be guaranteed.	Concept for medium- and long-term lobbying for funding of the services Provision of resources (working hours, training) for lobbying activities
Acceptability	(5) Young people want respect. They want the boundaries of modesty to be accepted and their privacy to be protected.	Guide to establishing and addressing rules designed to ensure that the right to protection of privacy is respected, protected and guaranteed in a sensitive and competent manner Notices and verbal communication regarding professionals' duty of confidentiality A service that enables young people to ask questions anonymously Posters featuring the sexual and reproductive rights of young people in waiting rooms and in the rooms in which the offerings take place

Acceptability	(6) The fact that the offerings are arranged through the school means that young people can deal with the themes in a confident, matter-of-fact way. What is important is the voluntary nature of the offerings, which must be credible.	Resources for continuous cooperation with institutions and committee work with the educational institutions Handout for teachers with a description of the offering and of what the young people can expect Offerings within the framework of school project weeks Cooperation with school social workers Drop-in consultation hours at the schools (outside of lessons) Information stand (during the long break and in the afternoons) with the additional option of discussing things more deeply in a protected space Offerings outside (compulsory) school structures that are promoted in in school settings
	(7) Advice services should provide condoms free of charge. They should give advice not only on contraception and pregnancy but also on stress with parents and in relationships. Especially in this area, confidentiality is very important to young people.	Provide condoms free of charge Provide the extra-small condoms free of charge Training courses in condom use Free pregnancy testing with offers of pregnancy advice The range of contraceptives is on display in the waiting rooms Information on the 'morning-after pill' and how to obtain it quickly is on display Publicising of individual offerings that provide advice in the case of conflicts in the family or in relationships Information on the cost of offerings is on display Lists of further offerings are on display (youth-friendly SRHR providers, other support services) – including information on child protection services, protection against sexualised violence and forced marriage Young people are informed at an early stage (by means of posters, information upon registration) of the fact that they can remain anonymous when availing of the services
	(8) The design and furnishings of the rooms should convey esteem for young people and be emotionally welcoming.	Design concept for youth-friendly rooms Bright, well-kept rooms Magazines in the waiting rooms Acoustics that ensure confidentiality Confidential spatial situation when registering Offer of not having to wait in the waiting room but rather in a room that offers more privacy Provision of additional seats in the consultation rooms at short notice
	(9) Offerings should not automatically convey the message that young participants have already had, or want to have, sex.	Offerings convey messages like: 'The cool thing is that I'm clued in and I make my own decisions'; 'You have the right to say "No!"'; 'My body belongs to me!' Information material makes reference to these messages. It explains what the offerings entail and how young people's rights are respected and protected



Acceptability		Offerings that address love, relationships, feelings, the body and sexuality Guidelines for professionals on how to show consideration for, and deal with, sensitive issues affecting individual young people in the groups
	(10) Training in condom use should be appropriate for the age and individual experience level of the participants.	Condom use courses convey messages like: 'All you need is curiosity.'; 'Training in condom use is like preparing for a driving test: You don't have to have a car to get a driver's licence.' Guide to age-appropriate training in condom use Participation in the condom use course is voluntary
	(11) Girls who are not supposed to have sex before marriage claim the right to be informed and competent in the area of contraception and articulate their desire for appropriate offerings.	Offer services that convey messages like: 'Girls want to know more.' Regular presence in schools attended by girls who are particularly frequently affected (information stands during the school breaks; offers of informal discussions at break time; drop-in consultation hours) Multicultural teams of professionals. Cooperation with multicultural institutions and in networks. Communicate messages like: 'On request, we will come to you' (also to sewing courses, integration courses, language courses, etc.) Multi-lingual information material for parents
	(12) Condom use courses should be administered in co-educational groups.	Offer of condom use courses with co-educational and single-sex elements (have both offerings in the repertoire)
Accessibility	(13) Young people want to have an idea of what is ahead of them. Therefore, they would like to be able to find photos and information about the contact persons and the venue on the Internet.	Good-quality photos of professionals and rooms available online Online videos of the rooms/premises with information about the offerings Presentation of the services in social networks
	(14) Venues should be easily accessible and have good connections to public transport.	Easy access by bus or rail Safe location
	(15) Rooms should have barrier-free access.	Safe and clean places to park prams Lifts Concept for the implementation and maintenance of barrier freedom for young people with physical disabilities, learning difficulties, and sensory impairments
	(16) Schools and youth centres should publicise the services and act as intermediaries.	Posters and flyers in schools and youth centres Presentation of the cooperation on the schools' websites Information material for teachers and parents Informational tables and drop-in consultation hours for young people in schools and youth centres
	(17) Pregnant adolescents need greater – and easier – access to information and advice.	Concept to raise awareness of offerings among institutional SRHR actors (youth welfare service, family midwives, doctors, AIDS support services, youth social workers, drug user support services, youth centres, centres for girls, migrant organisations, policy makers, etc.)

Accessibility		Act as an information hub for services and lobbying activities for youth-friendly SRHR offerings – also for those of other (regional and trans-regional) institutional actors Regular offerings for pregnant adolescents and young mothers
Participativeness	(18) Young people are particularly interested in services that are explained and promoted by their peers.	Concepts and programmes for the activation of young people, e.g.: – with the message: ‘Pass it on!’, young people are encouraged to tell others about their (positive) experiences with the services, – peer-educator programmes, – mentoring programmes, – ‘Expert on things that concern me’ programmes, – youth-friendly SRHR forums in the social networks, – by ensuring that teams of professionals also have young members
	(19) Young people want to be involved continuously in the choice of topics and the development of the group dynamics.	Methodological guide to ensuring the involvement of young people in the offerings Methodological concept for the enhancement of the well-being and the responsiveness of male youths in youth-friendly SRHR offerings Methodological guide to the delivery of education on sexuality and reproductive rights in the offerings Training of professionals in the sexual and reproductive rights of young people
	(20) Young people would like to express their gratitude or give something back. They want manageable ways to step out of the role of (one-sided) taker.	Complaints/praise/criticism boxes: ‘I just wanted to tell (the counselling centre) ...’ Digital letterbox Donation box (for specific purpose, e.g., purchase of condoms, pregnancy tests, etc.) Establishment of a complaints-management system Notice and verbal information regarding the complaints management available to the young people
	(21) In principle, young people are willing to commit themselves, but they have limited possibilities of realising their commitment.	Concept for the development and maintenance of a framework within which young people can voice their complaints and opinions, ask questions, and participate in decisions on an equal footing. Involve cooperation partners in this process Regular open discussion forums at which providers of youth-friendly SRHR services introduce themselves Support for the SRHR-related activities of young people in the social networks Make resources available to young people, for example: rooms, fees, and professional guidance for interns – in cooperation with other providers of youth-friendly SRHR services Development of a regular, youth-friendly (holiday) academy; involvement of the young people in the preparation and the choice of topics. Possible messages/themes: Experts on things that concern us; Reasons to talk about sexuality; Evaluation of youth-friendly SRHR services, Services introduce themselves. Possible cooperation partners: universities and other educational institutions, youth initiatives, institutional SRHR actors



Chapter 9: Summary

The present qualitative research project yielded results that should be taken into account in the practice of, and when lobbying for, youth-friendly SRHR services.

The results are from three perspectives:

1. The perspective of the young people

Twenty-one desires and needs of young people regarding out-of-school sexuality education services were collected.

2. Theme-specific

The aforementioned needs and desires were grouped into ten thematic fields that can enhance discussions on, and qualification measures, for youth-friendly SRHR services.

3. Qualitative indicators for youth-friendly SRHR services

Practical requirements/recommendations for the design and delivery of youth-friendly SRHR services were derived from the desires and needs of the young people. These requirements are referred to here as 'qualitative indicators'. They can serve as a touchstone for existing services, guide the actions of professionals, and provide orientation for lobbying activities.

The interview method applied generated a wealth of qualitative data. The questionnaire items were developed in close cooperation with the professionals in the two cities.

Although this preparatory work was very time consuming, the effort was worthwhile. The method proved to have two decisive advantages for the project. The structured interviews enabled the young people to rate concrete statements and – in the case of contradictory ratings – to elaborate on their ratings in open-ended comments. They were therefore able to express their opinions and desires without having to limit themselves to general statements. In the third round of the interview (open-ended comments), they had an opportunity to explain their opinions in detail in their own words.

The interview method facilitated the relatively quick generation of results, which were then fed back to the young people. The group discussions provided the forum for the presentation and discussion of the results that had been clustered by the researchers. Interviews and group discussions were also conducted with the professionals from pro familia and the institutional cooperation partners. Hence, both the young participants and the professionals could directly experience and reflect upon the benefits that the study had brought them and contribute to the validation of the findings.

When it came to undertaking the final analysis of the results within the framework of the final report, the data material generated had to be strictly checked once again to make sure that it fulfilled anonymisation requirements, i.e. that no conclusions could be drawn as to the identity of concrete persons. Comments that gave cause for doubt in this regard could not be included in the final analysis. (Comments made during the interviews and discussion groups with the professionals have not been analysed in the present report.)

In sum, it can be said that this method proved a success and that it is suitable for future application in similar research projects.

The assessment of the youth-friendliness of SRHR services on the basis of the criteria of availability, acceptability, accessibility, and participativeness – an approach used in human rights discourse – proved to be productive and easily manageable. It, too, can be recommended for use in future research. Moreover, it can advance the debate on the quantity and quality of services because it is directly linked to discourse on human rights.

This final report marks the end of a practice-related research project that has lasted for two years. It initiated and, at the same time, was part of, a complex process of conception and planning, data collection and analysis, reflection and discussion, and presentation of the results.

The protagonists were the young people, the professionals at the pro familia counselling centres, the institutional cooperation partners, the researchers, the international coordinators at the IPPF EN and Rutgers WPF, and the project leader at the pro familia Federal Association.

The participants in the project shared their knowledge with each other and exchanged views and information. They invested time and effort in the joint project, in the achievement of its objective, and in the further development of the services on the ground. The researchers informed the young people and the professionals at the counselling centres of the results, and documented the discussions.

Hence, the research project created communicative spaces, led to the growth of knowledge, and enhanced competence and know-how. Moreover, it has already prompted practical changes to local offerings.

The following are some examples of the direct practice effectiveness of the project:



Young project participants who conducted a workshop for professionals at a conference on sexuality education in 2011. The workshop was entitled 'Go ahead and ask us!'

After the interviews, the young respondents from City A took part in a conference for sexuality educators (120 participants) that was also attended by representatives of public authorities and ministries. There, the young people conducted a workshop entitled 'Go ahead and ask us!', in which they acted as experts on youth sexuality, answering the professionals' questions and engaging in discussions with them (pro familia Landesverband NRW 2011).

The young women in City B campaigned for the continuation of the Young Mothers Group. The service, which was facing closure, can now be continued for the time being.

Initial results of the research project have already been incorporated into pro familia Federal Association's in-service training, and will also be taken into account in training courses for professionals.

A conference for national youth organisations and other institutional actors aimed at enhancing SRHR services is scheduled to take place in September 2012, just a few weeks after the conclusion of this report.

The present research report presents a large part of the complex research process, but by no means all, because this would have been beyond the scope of the project and would have called for further methods.

The relevance of the results yielded by this qualitative research project is not limited to the local context. It is hoped that the findings will further the debate on, the enhancement of the quality of, and lobbying for, youth-friendly SRHR services, and that they will encourage further research aimed at advancing the sexual and reproductive health and rights of young people in Europe.



Group discussion with members of the Young Mothers Group (accompanied by their babies)

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Appendix 1: The Standardised Employee Interview

Excursus by Professor Dr. Karl Heinz Boeßenecker (our translation)

The methodological instrument applied in the interviews conducted within the framework of the present project is described below. The instrument was originally developed for use in the area of organisational development in for-profit organisations..

Problem analysis

The phenomenon of inner resignation is a well-known, yet unsolved, problem within organisations – irrespective of whether they are commercial, industrial, or service enterprises in the private or public sector. Equally well known are the consequences of this phenomenon, which are initially perceived in the form of increased production costs that lead, in turn, to reduced profits. The increase in costs is caused by behaviours such as unduly high sickness rates, work-to-rule, high error production, refusal to cooperate, etc. As a rule, this decrease in organisational efficiency and effectiveness induces management to make decisions and introduce measures on the basis of traditional, business-management criteria. Examples include the introduction of additional control procedures, the application of a carrot-and-stick strategy, moralising appeals, and threatened or actual terminations. Approaches in which corporate processes are assessed not only from an economic perspective but are also perceived as a complex social system have long been an integral part of organisation theory. However, the practical development and testing of these approaches is still in its infancy. In general, little attention is paid in practice to the human side of an enterprise – in other words to the cooperative, competitive, and information-based relationships among the employees and their formal and informal demands and expectations of the organisation. Therefore, it is not possible to react adequately to phenomena such as absenteeism, refusal to work, misconduct, inner resignation, solely instrumental work orientation, etc. At best, the chosen problem-solving strategies bring short-term changes and prove to be a Pyrrhic victory.

Solution

These problems have been addressed and conceptionally processed in a particular way within the framework of the management consulting activities of the Institute for Leadership and Human Resource Management at the University of St. Gallen (Switzerland). This led to the development and testing of a methodological instrument – the standardised employee interview. Within the framework of a standardised interview process, the causes of problems such as absenteeism, inner resignation, refusal to perform work activities, dissatisfaction with information procedures and cooperative behaviour, etc. are analysed and feasible solutions are sought. The instrument represents a synthesis of three hitherto separate diagnostic procedures: the standardised exit interview, the periodic short personnel survey, and the Finnen personality survey, which were also developed and tested by the researchers at the institute in St. Gallen.

The basic structure of the standardised employee interview is characterised by 20 assessment and weighting factors. However, under no circumstances can these factors be collectively transferred to other contexts. Rather, they must be modified and supplemented for each individual organisation. This organisation-specific adaptation of the diagnostic procedure takes place within the framework of participant observation, visits to the organisation, and other activities on the part of the research or consulting group.

Sample interview

No.	red card	important	so-so	unimportant	Deficits
1	Item				Comment
to					Suggestions
x					
	green card	satisfied	so-so	dissatisfied	

Interview process

The interviews take place in a pleasantly furnished room. A sterile, and possibly oppressive, office-like atmosphere should be avoided. The room is furnished with a meeting table – with a tablecloth – and two chairs (padded, if possible). Refreshments such as coffee, tea, and water are available to the interviewer and the interviewee. The interviewer invites the interviewee into the meeting room. The interviewer briefly introduces him-/herself and explains the aim of the interview and the cards method. Then the interviewee is shown the set of red cards and requested to rate the importance of the individual items/variables on the red importance template. The interviewer also records these ratings in writing on the protocol sheet. Then the items/variables on the green cards are rated on the green satisfaction template. These ratings are also recorded on the protocol sheet by the interviewer. In the third round, deficits revealed by the satisfaction and importance ratings are addressed by the interviewer and discussed with the interviewee. The interviewer asks him/her to give the main reasons for these deficits and to suggest ways in which the situation could be improved. These comments are also recorded in writing by the interviewer. At the end of the interview, two general questions are asked: 'What do you like best about company X?' and 'What do you like least about company X?'

Materials needed

- 1 set of red cards
- 1 set of green cards
- 1 satisfaction
- template, green
- 1 protocol sheet.

Appendix 2: Interview Items for City A

First name: Age: male/female:

Current status:

	Items	Rating scales			Comments
	First round of the interview (red cards)	agree	don't know	disagree	
	Second round of the interview (italics): (green cards)	satisfied	so-so	dissatisfied	

	Framework conditions				
1. 35.	The counselling centre is centrally located and it is easy for me to get there. <i>I am ... with the location.</i>				
2. 36.	In my view, the rooms are well furnished. <i>I am ... with the room furnishings.</i>				
3. 37.	The opening hours are adequate and well chosen. <i>I am ... with the opening hours.</i>				
4. 38.	I can visit the counselling centre even if I don't have a concrete problem. <i>I am ... with the fact that I can visit the counselling centre even if I don't have a concrete problem.</i>				
5. 39.	I think it's right that the service doesn't cost anything. <i>I am ... that I don't have to pay anything for the service.</i>				
6. 40.	I get the information I need by mobile phone and on the Internet. <i>I am with the information I get by mobile phone and on the Internet.</i>				
7. 41.	The youth advisers understand my problems. <i>I am ... with the work the youth advisers do.</i>				
8. 42.	I would like to keep in touch with the pro familia counselling centre. <i>I am with these possibilities of keeping in touch.</i>				
9. 43.	Through pro familia I now know more about my rights and opportunities to lead a self-determined life as a young person. <i>I am ... with the information that I obtained and with the possibilities for action that it revealed.</i>				

Specific services and methods					
	Items	Rating scales			Comments
	First round of the interview: (red cards)	agree	don't know	disagree	
	Second round of the interview (italics): (green cards)	satisfied	so-so	dissatisfied	

Drop-In Consultation Hours for Young People					
10. 44.	The topics that were dealt with during the consultation hours for young people correspond to my wishes. <i>I am ... with the topics that were dealt with during the consultation hours for young people.</i>				
11. 45.	I find that the way in which we are able discuss the topics is just right. <i>I am with the way in which we were able to discuss the topics.</i>				
12. 46.	I participate in the selection of the topics. <i>I am ... with my participation in the selection of the topics.</i>				
13. 47.	I have a say in the way the meetings unfold. <i>I am ... that I have a say in the way the meetings unfold.</i>				
14. 48.	The information that I obtained helps me to deal with things better. <i>I am ... with the information that I was given.</i>				
15. 49.	I learned a lot from participating in the drop-in consultation hours for young people. <i>I am ... with what I learned during the drop-in consultation hours for young people...</i>				
16. 50.	I find that the meetings during the drop-in consultation hours for young people take some getting used to. <i>I am ... with the meetings.</i>				
17. 51.	I was a bit nervous about going there at first. <i>I am ... with the way in which the drop-in consultation hours for young people can be availed of.</i>				
18. 52.	I found out about the drop-in consultation hours for young people from others. <i>I am ... with the information about the drop-in consultation hours for young people.</i>				
19. 53.	The drop-in consultation hours for young people should take place more often. <i>I am with the frequency of the drop-in consultation hours for young people.</i>				
20. 54.	I can visit the counselling centre even if I don't have a concrete problem. <i>I am.... with the fact that I can visit the counselling centre even if I don't have a concrete problem.</i>				
21. 55.	The staff do a really good job. <i>I am with the people who run the drop-in consultation hours for young people.</i>				
22. 56.	There is always someone there who has time for me. <i>I am ... with the willingness of the staff to talk to me immediately.</i>				
23. 57.	There are topics that I would not like to discuss during the drop-in consultation hours for young people. <i>I am with the fact that topics aren't forced on you.</i>				



	Items	Rating scales			Comments
	First round of the interview (red cards)	agree	don't know	disagree	
	Second round of the interview (italics): (green cards)	satisfied	so-so	dissatisfied	

	Condom Driving Licence				
24. 58.	I have heard about the condom driving licence offering. <i>I was ... with this information.</i>				
25. 59.	I have done the condom driving licence course. <i>I am ... that I took part.</i>				
26. 60.	The condom driving licence course helped me a lot. <i>I am with this help.</i>				
27. 61.	I found the practical exercises helpful. <i>I am ... with the practical exercises.</i>				
28. 62.	It is right that there are separate condom driving licence [courses] for boys and girls. <i>I am with the fact that there are separate courses for boys and girls.</i>				
29. 63.	As many young people of my age as possible should do the condom driving licence [course]. <i>I am ... with the chance to avail of the condom driving licence [course].</i>				
30. 64.	I would have preferred to do the condom driving licence [course] sooner. <i>I am ... with the timing of my participation.</i>				
31. 65.	The course instructors did a really good job. <i>I am ... with the course instructors.</i>				
32. 66.	There should be a beginners and an advanced condom driving licence [course]. <i>I am ... with the conditions of participation.</i>				
33. 67.	I enrolled in the condom driving licence course myself. <i>I am ... with the fact that participation in the condom driving licence course must be voluntary.</i>				
34. 68.	I learned a lot from taking part in the condom driving licence [course]. <i>I am ... with what I learned during the condom driving licence [course].</i>				

Appendix 3: Interview Items for City B

First name: Age: male/female:

Current status:

	Items	Rating scales			Comments
	First round of the interview (red cards)	agree	don't know	disagree	
	Second round of the interview (italics): (green cards)	satisfied	so-so	dissatisfied	

Framework conditions					
1. 34.	The Girls' Café is centrally located and it is easy for me to get there. <i>I am... with the location.</i>				
2. 35.	In my view the rooms are well furnished. <i>I am ... with the room furnishings.</i>				
3. 36.	The opening hours are adequate and well chosen. <i>I am ... with the opening hours.</i>				
4. 37.	I can visit the counselling centre even if I don't have a concrete problem. <i>I am with the fact that I can visit the counselling centre even if I don't have a concrete problem.</i>				
5. 38.	I think it's right that the service doesn't cost anything. <i>I am ... that I don't have to pay anything for the service.</i>				
6. 39.	I get the information I need by mobile phone and on the Internet. <i>I am ... with the information I get by mobile phone and on the Internet.</i>				
7. 40.	The pro familia counselling centre is centrally located and I can get there easily. <i>I am ... with the location of the counselling centre.</i>				
8. 41.	I would like to keep in touch with the pro familia counselling centre. <i>I am ... with the possibilities of keeping in touch.</i>				
9. 42.	Through pro familia I now know more about my rights and opportunities to lead a self-determined life as a man/woman. <i>I am ... with the information that I obtained and the possibilities for action that it revealed.</i>				



	Items	Rating scales			Comments
	First round of the interview (red cards)	agree	don't know	disagree	
	Second round of the interview (italics): (green cards)	satisfied	so-so	dissatisfied	

Group offerings/meetings					
10. 43.	The topics that were dealt with correspond to my wishes. <i>I am ... with the topics that were dealt with.</i>				
11. 44.	I find that the way in which we are able discuss the topics is just right. <i>I am ... with the way in which we were able to discuss the topics.</i>				
12. 45.	I participate in the selection of the topics. <i>I am ... with my participation in the selection of the topics.</i>				
13. 46.	I have a say in the way the meetings unfold. <i>I am ... with the fact that I have a say in the way the meetings unfold.</i>				
14. 47.	The information that I obtained helps me to deal with things better. <i>I am ... with the information that I was given.</i>				
15. 48.	I learned a lot from participating in the meetings. <i>I am with what I learned at the meetings.</i>				
16. 49.	I found that the meetings took some getting used to at first. <i>I am now ... with the meetings.</i>				
17. 50.	The meetings enable me to get to know other pregnant women and mothers. <i>I am ... with these possibilities of getting to know people.</i>				
18. 51.	I have become more self-confident through taking part in the meetings. <i>I am ... with that.</i>				
19. 52.	The leadership of the group is in good hands. <i>I am ... with the group leaders.</i>				
20. 53.	I feel at home in the group. <i>I am ... with the atmosphere in the group.</i>				
21. 54.	The group leaders understand my problems. <i>I am ... with the group leaders.</i>				
Specific methods and services					
Diaries					
22. 55.	I find the pregnancy diary helpful. <i>I am ... with the pregnancy diary.</i>				
23. 56.	I find the mothers' diary helpful. <i>I am ... with the mothers' diary.</i>				
24. 57.	For me, keeping this diary was unfamiliar. <i>I am ... with keeping the diary.</i>				
25. 58.	The diary entries lead me to pay more attention to the changes that I am going through. <i>I am quite ... with the experience of keeping the diary.</i>				

	Items	Rating scales			Comments
	First round of the interview (red cards)	agree	don't know	disagree	
	Second round of the interview (italics): (green cards)	satisfied	so-so	dissatisfied	

	Contraceptives Case				
26.	I am familiar with the contraceptives case.				
59.	<i>I am ... with the fact that I am familiar with the contraceptives case.</i>				
27.	I found the information about the contraceptives in the case useful.				
60.	<i>I am ... with the information about contraceptives.</i>				
28.	The information helps me to find a safe contraceptive after my pregnancy				
61.	<i>I am ... with this information.</i>				
29.	Other young people should also definitely get to know the contraceptives in the case.				
62.	<i>I am ... with the way other young people find out about the contraceptives case.</i>				
	Family Midwife				
30.	I am familiar with the family midwife service.				
63.	<i>I am ... that I know about the family midwife service.</i>				
31.	I found the information about the family midwife useful.				
64.	<i>I am ... about the information about the family midwife.</i>				
32.	The information I receive from the family midwife helps me to cope with my new situation after the birth.				
65.	<i>Thanks to the information I receive from the family midwife, I can cope better with my new situation. I am ... with that.</i>				
33.	Other pregnant women and young mothers should definitely get to know the family midwife.				
66.	<i>I am ... with the way other pregnant women or young mothers find out about the family midwife.</i>				



Appendix 4: Description of the Out-of-School Services

The Condom Driving Licence

The Condom Driving Licence is a group offering for young people that provides information about condoms and training in condom use. As a general rule, there are separate courses – with slightly different content – for boys and girls. The course comprises a single training session. It lasts about an hour and a half and can, of course, be done several times. The Condom Driving Licence has been offered continuously for a number of years now – also in cooperation with schools. It is voluntary and free of charge.

As in the case of a car driving course, the Condom Driving Licence course has a practical and a theoretical part. In the theoretical part, the young people are given information about condoms such as quality, fit, and price. A test determines the participants' level of knowledge and leads into the discussion. The practical part entails practising unrolling condoms with and without a model penis. A further important aim of the course is to inform young people about how to deal with contraceptive accidents (keyword: morning-after pill) and to help them learn how to communicate their wish to use contraception. The session ends with the ceremonial presentation of the condom driving licence and a small gift for passing the test.

Drop-In Consultation Hours for Young People

The Drop-In Consultation Hours for Young People service has been in existence for over twenty years. It is aimed at all young people who need someone to talk to. During the consultation hours, which take place at the counselling centre, the young people can talk about topics that they would not like to address in a group, resolve open questions, and discuss personal problems. In the group offerings (for example, the Condom Driving Licence and work with school classes) participants are told about the Drop-In Consultation Hours. Participation in the service is voluntary and free of charge.

Special opening hours have been established for the service. However, young people are welcome to come to the counselling centre outside of these hours. The consultation team endeavours to reduce the young people's hesitancy about coming to the centre with the help of other measures. For example, the young people are immediately met by a member of the sexuality education team; they should already be familiar with the first names of the professionals (from brochures about the group offerings); the waiting area has been furnished in a youth-friendly way; and condoms and pregnancy tests are available free of charge.

The Young Mothers Group

The Young Mothers Group is a group offering aimed at pregnant adolescents and young mothers (up to the age of 21) with babies up to the age of 1. At the time of the study, the group had ten participants. The Young Mothers Group is a collaborative project that brings together several institutions, each with specific competences. It has been in existence since 2004 and is led by two professionals. The young women meet once a week for two hours. A free lunch is integrated into the meetings. Two rooms are available for the group meetings. They are furnished with tables, chairs, and a sofa and there is enough space for floor blankets and toys for the babies. Participation is voluntary and free of charge.

The group leaders structure the meetings and pass on important information. The central methodology is the discussion within the group. The choice of topic is not determined in advance. Rather, it emerges in response to the interests of the participants and the group situation. Most of the young mothers are from a socially disadvantaged background. The aim of the offering is to provide them with information, to enhance their abilities and child-raising competence, and to help them to improve their job prospects and their prospects in life so that they are better able to master their future life with their child. The group offers the young women information and opportunities to meet and discuss, so that they can build up a lasting network of private and professional points of contact.

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