Information was collected in four ways:
- **Direct observation.** Behavior within each setting was identified, interpreted and quantified through brief on-the-spot notes compiled during service hours. Information was compiled on the service provision process, on the health educational materials used, on the availability of equipment and on privacy.
- **Informal discussions.** At each service point, personnel were asked about the contraceptive methods that are provided, their attitudes toward teenage contraceptive use and the problems that they encountered in serving teenage clients.
- **Focus-group interviews.** Focus groups were conducted with teenage clients, using a discussion schedule covering the information sources on sexuality and contraception that are available to teenagers, the stage at which this information reaches them, the information on sexuality and contraceptive use that is available to teenagers at the service point, the desirability of providing separate family planning services for youths, the teenagers’ views on teenage pregnancy and their evaluations of the service point.

The focus groups were convened by personnel at the service point, and participants were selected randomly, with age and willingness to participate in discussions being the only criteria. Altogether, seven focus-group discussions were conducted. The size and sex composition of the groups varied, and are reflected in Table 2.

Discussion items were presented in questionnaire form. Before discussions began, each item was explained to the participants, who recorded their response on the questionnaire, in any chosen language. (This ensured that all participants’ views were elicited.) Responses on the questionnaires were consulted along with contemporaneous notes when this article was compiled.

- **Reading of administrative records.** Record cards of teenage clients were inspected for the clients’ age, their regularity of attendance, the contraceptive method they used, their marital status and their number of previous pregnancies.

### Findings

#### Site Characteristics

The service hours of three of the four service points were generally suited for teenage clients, and accommodated their school attendance; site B, however, had much shorter hours (Table 1).

At all four service points, the first client visit consisted of taking the teenager’s history and establishing his or her individual needs, as well as providing sexuality and contraceptive education and counseling. The client was referred to a doctor for a physical examination, and findings were recorded on the client’s card. No payment is requested for these services.

At service points A, B and C, subsequent visits included participation by each client in a group discussion on teenage sexuality and contraception.

Contraceptives were distributed by trained nurses at all sites. The nurses inquired about any problems with the method the client was currently using and recommended ways to minimize any side effects. Occasional problems that merited medical attention were referred for care.

All service points prominently displayed posters with information on family planning, sexually transmitted diseases (STDs) and AIDS. Pamphlets in different languages were utilized by personnel during the health education sessions.

Sites A and C were walk-in youth centers that offered various kinds of activities in addition to sexuality and contraceptive education and services. They also had outreach programs that recruited youths from the community.

B and D, on the other hand, were formal health facilities and had a businesslike atmosphere. At site B, which operated under the guidance of the gynecology department of a medical university, there was more selective use of contraceptive methods, firm opposition to any use of IUDs and concern about inconsistent supplies of hormonal contraceptives, which are considered optional for adolescents by the gynecology department in charge of the service point. The result was that some teenagers attending site B had to settle for less-preferred contraceptive methods. The other three service points permitted teenagers greater flexibility of method choice, even offering IUDs to young clients who had already given birth.

All facilities were adequately equipped, but site D seemed stretched beyond its capacity. This was reflected in part in the lack of privacy for interviews. Despite all of these differences, however, large numbers of teenagers came to all four of the service points.

Personnel at all sites indicated that contraception was the only realistic intervention for addressing teenagers’ exposure to the risk of conception. The workers at service points A, B and C also found adolescent clients to be interesting and challenging, because of the clients’ curiosity about the opposite sex, their playful ridiculing of some traditional beliefs and their eagerness to replace these with sound facts.