

Adolescent Friendly Health Services

Training Course in Sexual and Reproductive Health Research
Geneva, February 2009



**World Health
Organization**

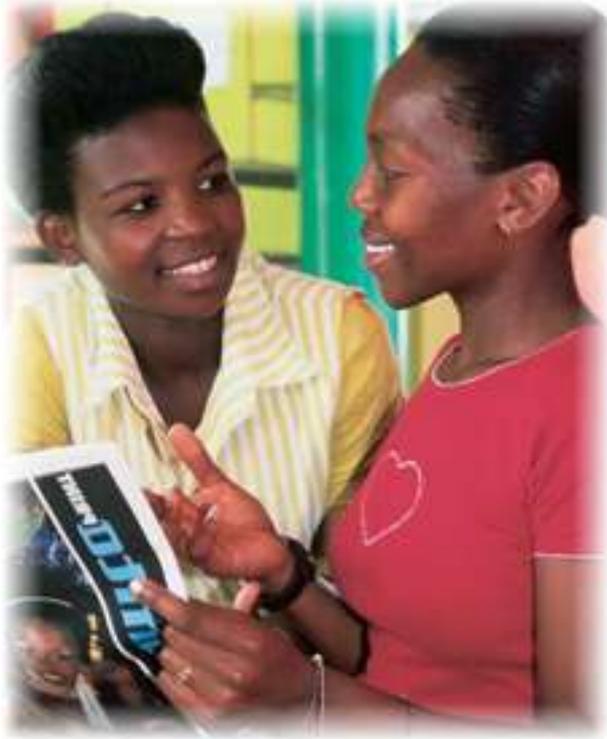
Adolescents are a diverse population group.

Different needs

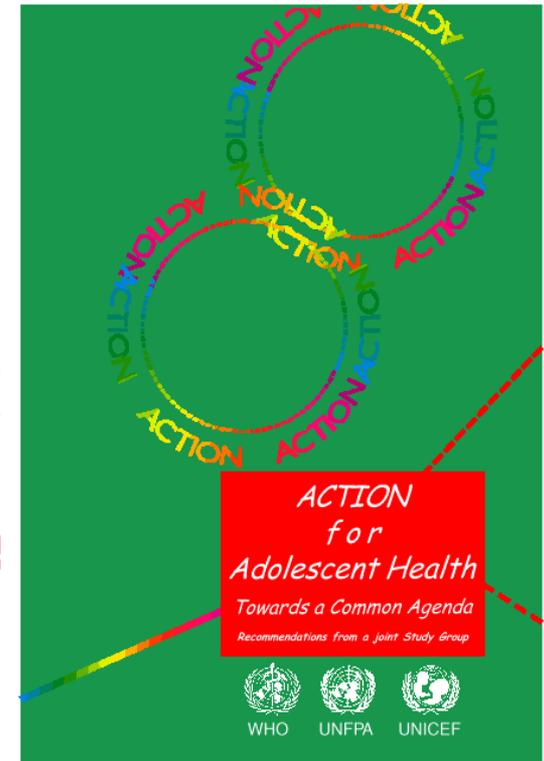
Changing needs



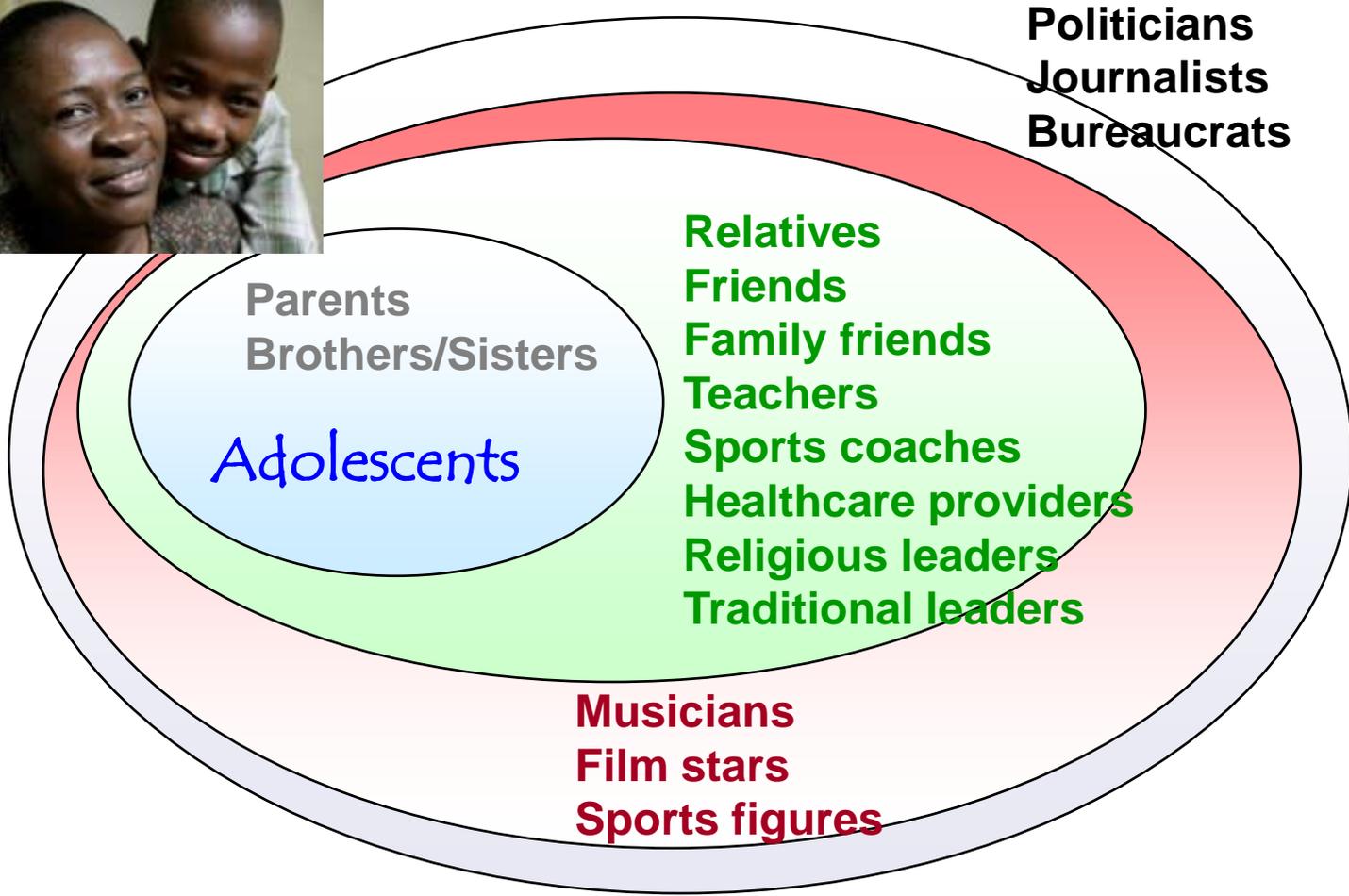
**What do adolescents need
to grow & develop in good
health?**



- **Information & skills**
(they are still developing)
- **Safe & supportive environment**
(they live in an adult world)
- **Health & counselling services**
(they need a safety net)



**Who needs to contribute
to the health & development
of adolescents ?**



Parents
Brothers/Sisters

Adolescents

Relatives
Friends
Family friends
Teachers
Sports coaches
Healthcare providers
Religious leaders
Traditional leaders

Politicians
Journalists
Bureaucrats

Musicians
Film stars
Sports figures

**What is the special contribution
that health workers & health
services could make to the
health & development of
adolescents?**

1. Service provision



- Helping well adolescents stay well.
- Helping ill adolescents get back to good health.

2. Change agent

Helping influential people in the community understand & respond to the needs of adolescents.



“...When health services are not made available & accessible to adolescents, the result is countless missed opportunities for preventing health problems, & promptly detecting & effectively treating them.”

The adolescent view point: Implications for access & prevention. Journal of the American Medical Association, 1995.



**When adolescents face
health problems, whom do
they turn to for help ?**

Help-seeking & health care-seeking

Whom would
you turn to
for help ?



Source: G Barker G, A Olukoya, P Aggleton. Young people, social support and help-seeking.
International Journal of Adolescent Medical Health. 2005, 17, 4, 315-336.

Help-seeking & health care-seeking:

Strongly influenced by the environment.

Two key considerations:

- Could the act of health-care seeking get the adolescent into trouble ?
- Who decides when and where to seek health-care – the adolescent on his/her parent ?



Source: G Barker G, A Olukoya, P Aggleton. Young people, social support and help-seeking. *International Journal of Adolescent Medical Health*. 2005, 17, 4, 315-336.

**What are the factors that
make it difficult for
adolescents to **obtain** the
health services they need ?**

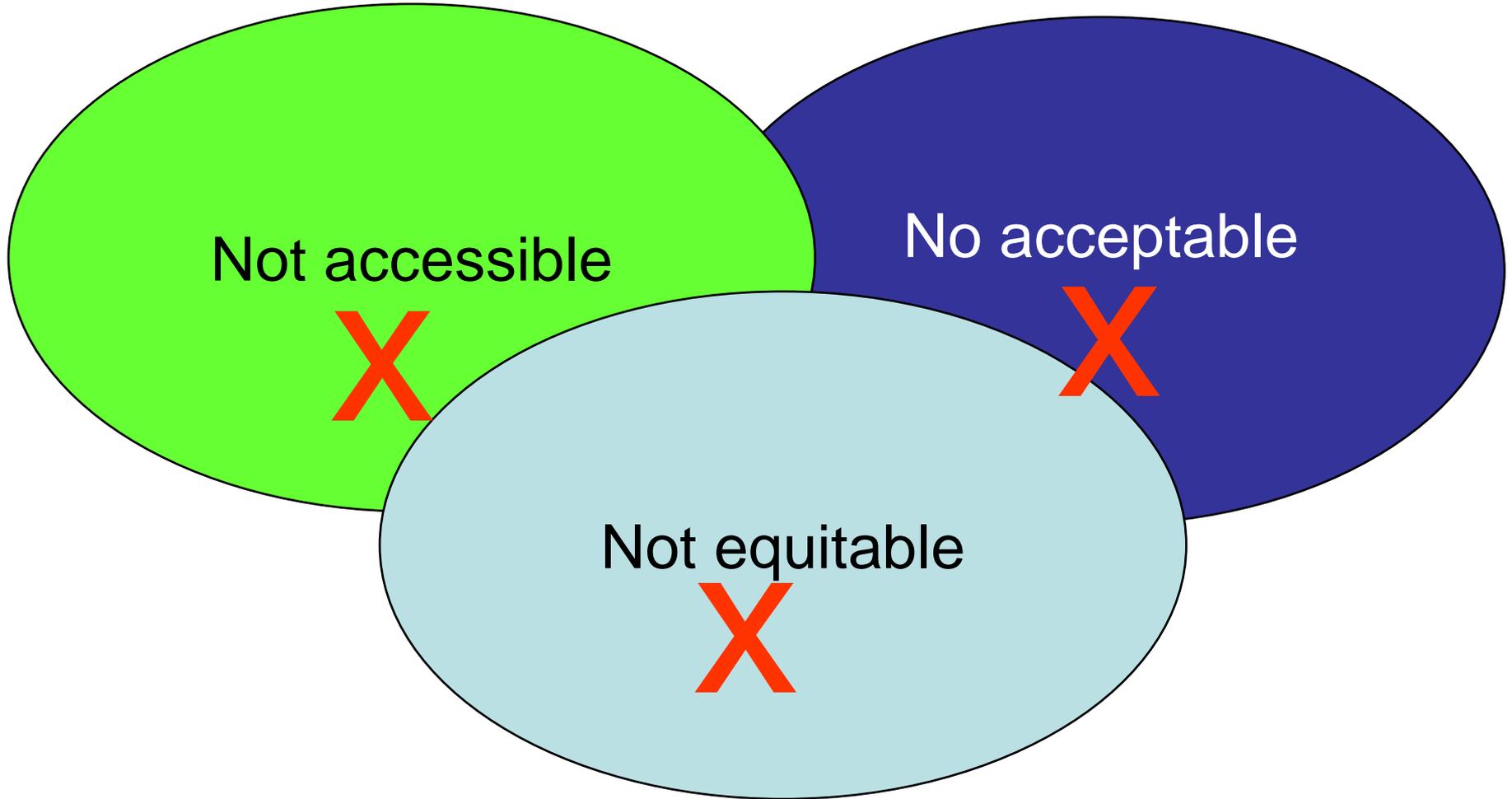
Are adolescents **able to** obtain the health services they need ?



Not available

Many barriers

to the provision & utilization of health services by adolescents !



Barriers depend on:

- the nature of the problem,
- the circumstances of the person.



Source: K L Dehle, G Riedner. STI among adolescents: The need for adequate health services. *Reproductive Health Matters*. 2001; 9, 17, 170-183.

**What do
adolescents
perceive as
"friendly" health
services ?**

Different groups of adolescents, from different parts of the world say:

- they want to be treated with respect.
- they want to be sure that their confidentiality will be maintained.

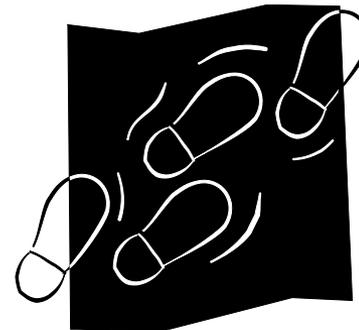
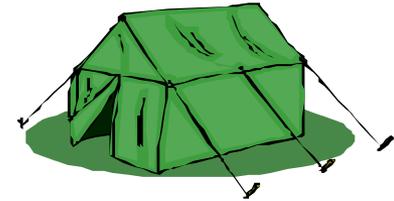
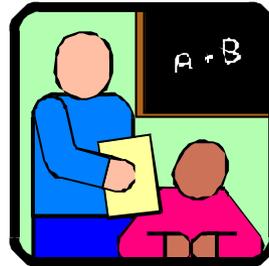


Source: Global Consultation on Adolescent Friendly Health Services – A consensus statement. WHO. 2001.

**What is being done
to make health services
adolescent "*friendly*" ?**

Initiatives in many different settings

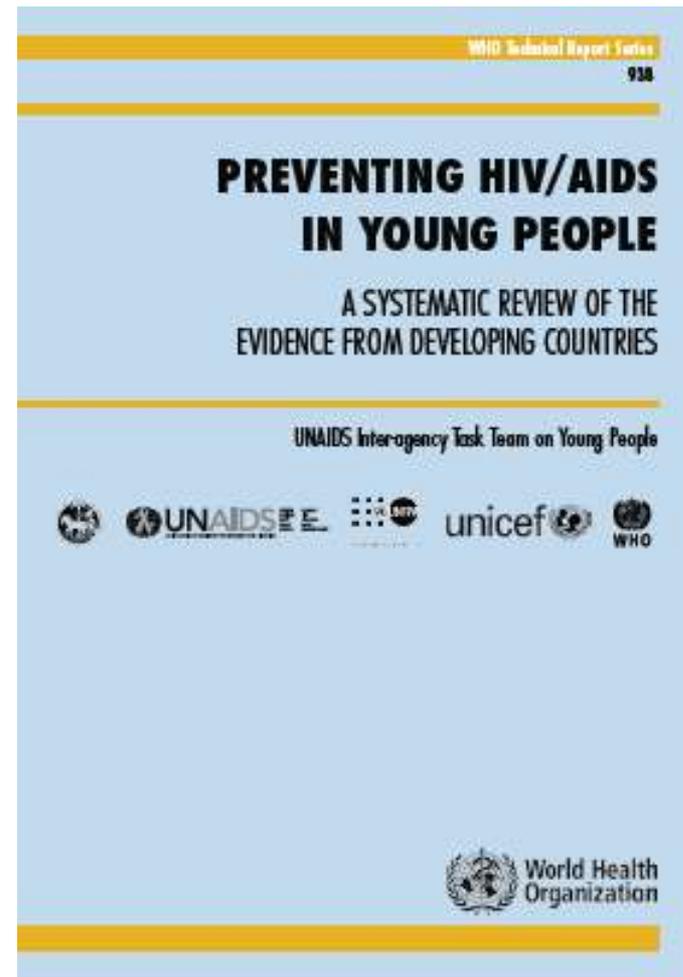
- Hospitals
- Public, private and NGO clinics
- Pharmacies
- Youth centres
- Educational institutions
- Work places
- Shopping centres
- Refugee camps
- On the street



Is there evidence of the effectiveness of actions to improve the provision & utilization of health services (in relation to adolescents)?

- The evidence for the effectiveness of interventions to increase young people's use of health services was sufficient to recommend that interventions that include training for service providers, making improvements to clinics and using activities in communities should be widely implemented with careful monitoring of quality and coverage, and those that involve other sectors should also be cautiously implemented, provided they include a strong evaluation component.
- Operations research is also required to understand the content of the interventions and their mechanisms of action.

Dick B, Ferguson J, Chandra-Mouli V, Brabin L, Chatterjee S, Ross DA. A review of the evidence for interventions to increase young people's use of health services in developing countries.



- In this paper, we present key models of youth-friendly health service provision & review the evidence for the effect of such model's on young people's health.
- Unfortunately, little evidence is available, since many of these initiatives have not been appropriately assessed. Appropriate controlled assessments of the effect of youth-friendly health service models on youth people's health outcomes should be the focus of future research agendas.
- **Enough is known that a priority for the future is to ensure that each country, state & locality has a policy & support to encourage provision of innovative & well-assessed youth-friendly health services.**

Tylee A, Haller D M, Graham T, Churchill R, Sanci L. Youth-friendly primary-care services: how are we doing & what more needs to be done. www.thelancet.com. Volume 369, May 5 2007.

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Youth-friendly primary-care services: how are we doing and what more needs to be done?

Andy Tylee, Dagmar H Haller, Tanya Graham, Rachel Churchill, Leneke Sanci

For developmental as well as epidemiological reasons, young people need youth-friendly models of primary care. Over the past two decades, much has been written about barriers faced by young people in accessing health care. Unfortunately, initiatives are emerging that attempt to address these barriers and help reach young people with the health services they need. In this paper, we present key models of youth-friendly health provision and review the evidence on the effect of such models on young people's health. Unfortunately, little evidence is available, since many of these initiatives have not been appropriately assessed. Appropriate controlled assessments of the effect of youth-friendly health-service models on young people's health outcomes should be the focus of future research agendas. Enough is known to recommend that a priority for the future is to ensure that each country, state, and locality has a policy and support to encourage provision of innovative and well-assessed youth-friendly services.

Introduction

The present generation of young people face more complex challenges in their health and development than their parents did.¹ However, the major health problems for young people are largely preventable. Access to primary-health services is one of an important component of care, including preventive health for young people. Two decades of research in both developed and developing countries have drawn attention to the latent young people face in accessing health services. The results have been that in a growing recognition that young people need services that are sensitive to their unique stage of biological, cognitive, and psychosocial transition into adulthood, and an impetus of how health services can be made more youth-friendly has emerged. Recent resolutions encouraging explicit attention to health services² have been complemented by the WHO-led call for the development of youth-friendly services worldwide.³ In this paper, we summarize the recommendations for providing more youth-friendly primary-care services and provide a descriptive review of evidence that implementation of such services is beneficial to health outcomes for young people. Panel 1 explains the terminology we use throughout this paper.

Major health problems and health-risk behaviours worldwide. HIV/AIDS and depression are the leading causes of disease burden for young people (figure 1) 15-24 years).⁴ Half the world's acquired HIV infections occur in young people with most of those infected living in developing countries.⁵ In developed countries, mental disorders are at the forefront of disease burden in young people.⁶ Studies show that perinatal injury forms a great burden of disease for young people, including intellectual and developmental delays, cerebral palsy, autism, epilepsy and other conditions, and unexpected mental impairment.⁷ Many people will explore their health-risk behaviours, which will engage in them more readily, both groups playing their health at risk.

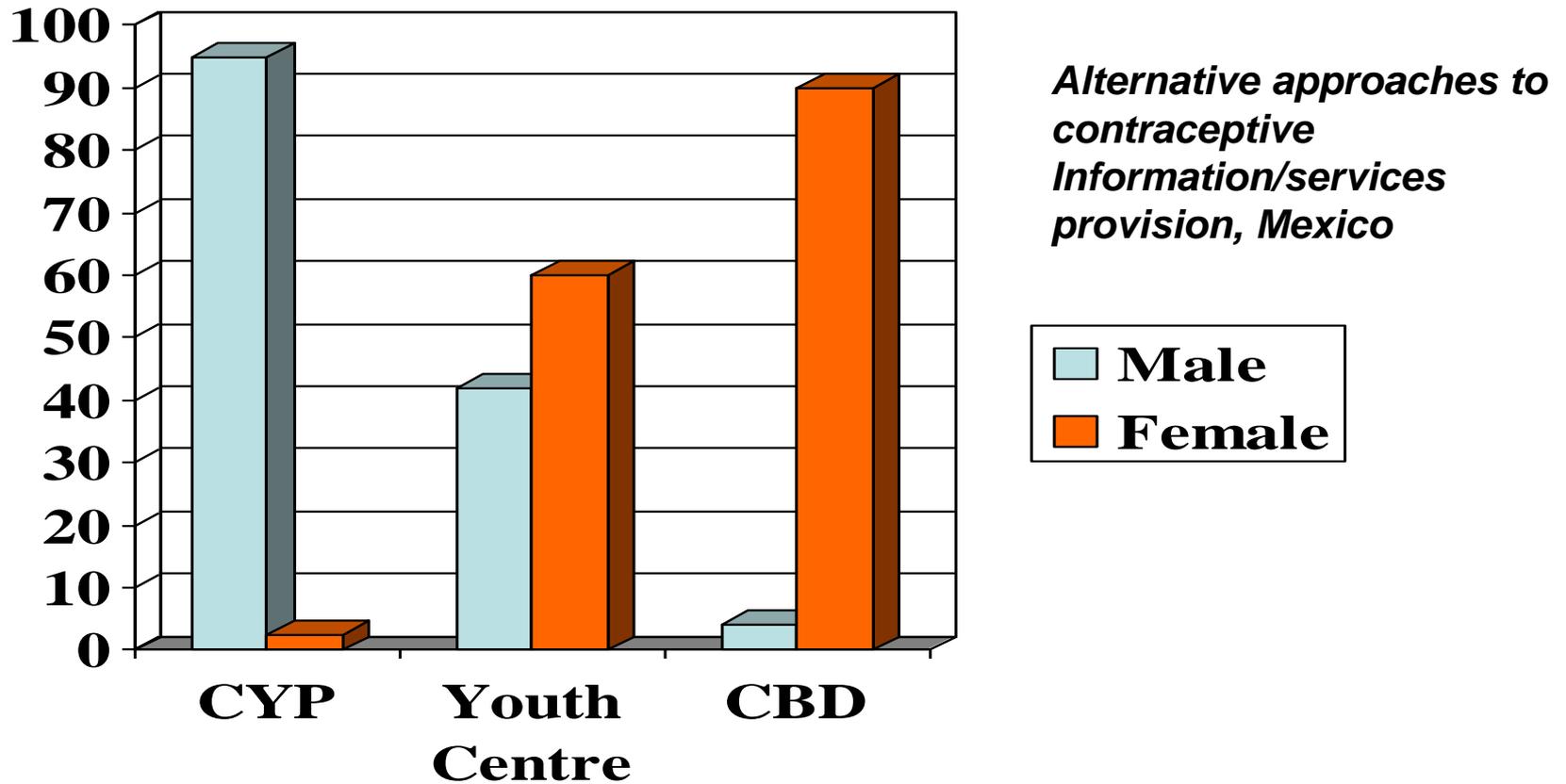
The immense changes to emotional and cognitive functioning that take place during adolescence, heralded by puberty, have implications for health care that are unique to this age-group. The emerging capacity for abstract thinking and planning opens a path to increasing autonomy which goes together with a growing need for privacy and confidentiality. These new thinking abilities also bring with them the construction of the emerging self-identity (eg, everyone is interested in sex), and personal skills (eg, "this behaviour may be risky for others, but not for me") both of which contribute to higher risk taking in this age-group than in people of other ages.⁸ Furthermore, the interaction of these developmental changes with the quality of the social contexts in which young people live, work, and play (eg, family, school, community) have a bearing on health and health-risk behaviours quite apart from influences on childhood.⁹

Although adolescents report that they welcome the opportunity to discuss health issues such as contraception,

Inter-organizational collaboration

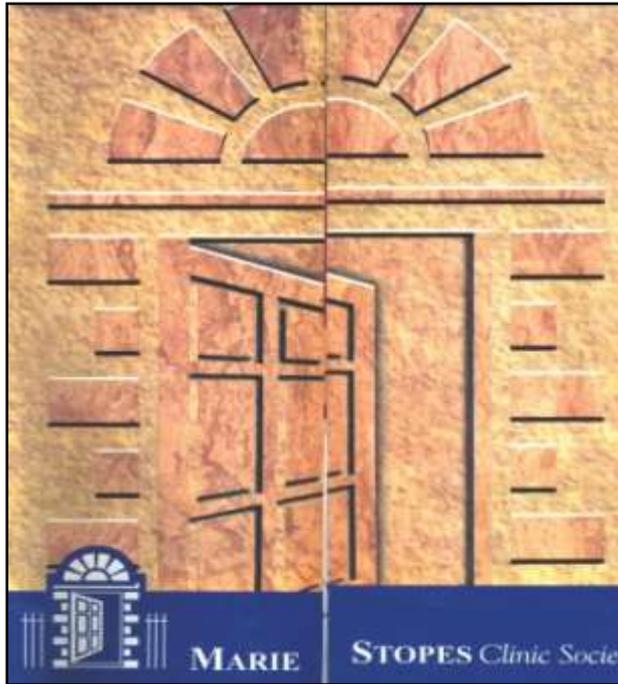
Information available in the introduction, epidemiology, and information on barriers to health-care research, we acknowledge additional authors for their support and the following people: Barbara Swales, College Depression Society and Parents' Council of York; Suzanne Baskin, between 2005 and 2005, using an online search engine: "young people", "adolescent", "primary health care", "mental practice", "community mental health", "youth health care", "youth health services", "adolescent health services". Specific case-studies are available from the authors. The working abstract was searched manually to identify any previously unpublished articles. We included all studies assessing the effect of different service models of health-care provision for young people in primary care or community health settings. In the search strategy, family services, or their potential benefits were previously described but not specifically assessed were included. Similarly, studies assessing current adolescents' health risk behaviours were included but only if comparative data were included. Further references were included to make clear contextually why it was also included.

No magic bullet nor universal blue-print.

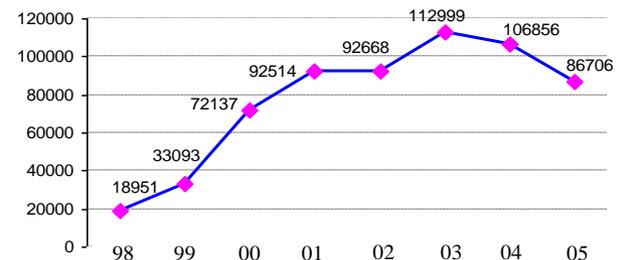


CYP: Community youth programme
CBD: Community based distribution

**Even if health services are accessible & acceptable,
not all groups of adolescents
can obtain the health services they need.**



of Adolescents served by Health Card Scheme over the years



Reaching garment workers with health services:
Marie Stopes Clinic Society, Bangladesh.

**What is our understanding of
the 'reality on the ground' ?**



- A wide range of players
 - Often with very different objectives
 - Operating in a variety of settings
- *Providing health services to adolescents/young people !*



Often small scale & time limited...

- A range of players
- Often with very different objectives
- Operating in a variety of settings
- *Providing health services to adolescents/young people !*

**What do we want to see
happen in communities
across every country?**

Adolescents being able
and willing to obtain the
health services they
need.





Schools

Community members being aware of the health service needs of different groups of adolescents, & supporting their provision.

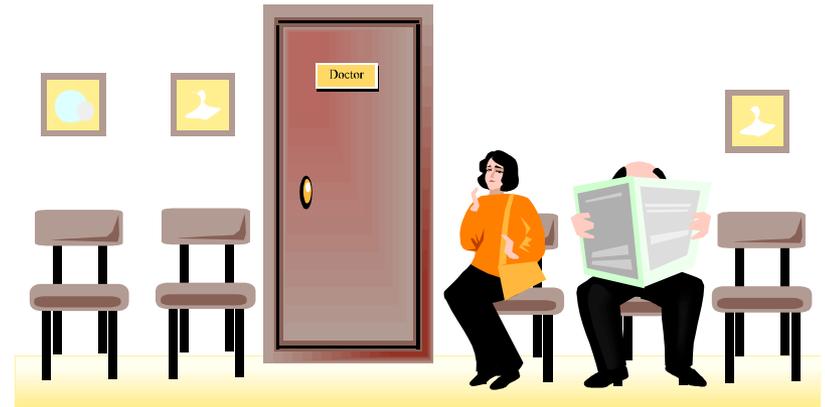


Mass media



Civil Society (Community Organizations)

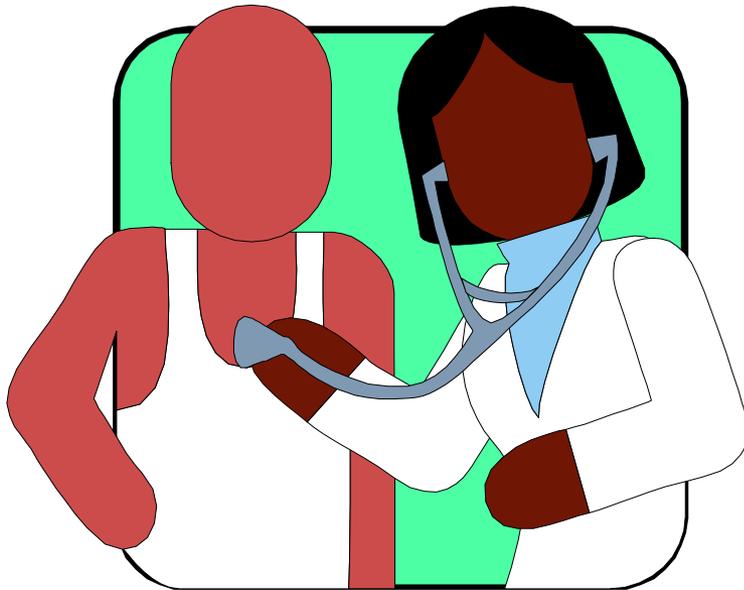
Service providers being non judgemental & considerate in their dealings with adolescents; & delivering the required services in the right way.



Points of health-service delivery applying procedures that enable adolescents to obtain the health services they need; being appealing & 'friendly' to adolescents; & providing the health services that adolescents need.

**What is our recommended
approach to reaching
adolescents with the health
services they need ?**

Making all health workers 'adolescent friendly'



Who ?

Trained & registered health workers providing preventive & curative clinical services to children, adolescents & adults

What ?

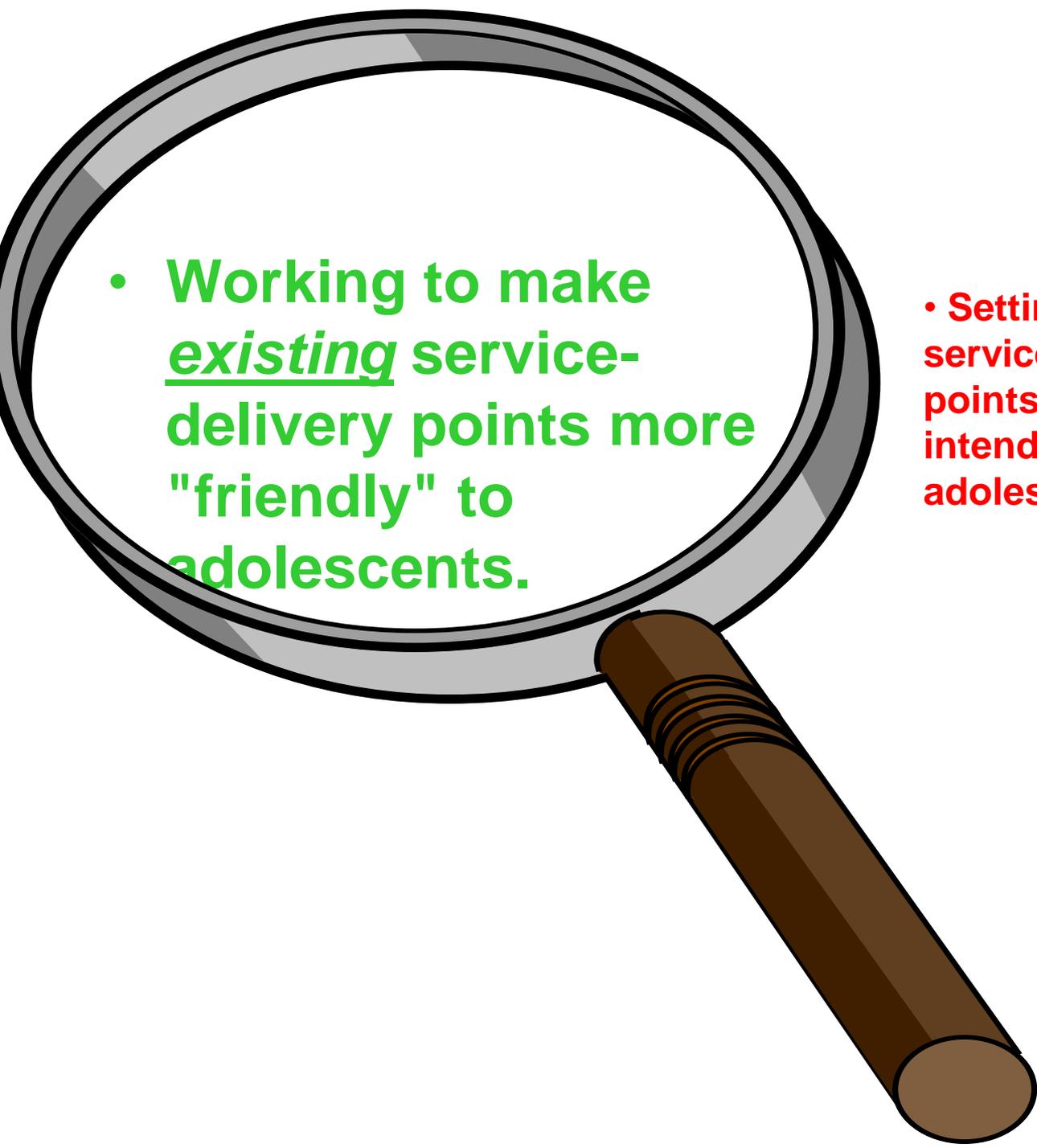
- Why should I be concerned about adolescents ?
- What do I need to know & do differently if the patient who walks into my clinic is 16, not 6 or 36?
- What could I do outside my clinic, to help other influential people in my community understand & respond to the needs of adolescents?

**Not a
speciality.**

A three-pronged approach to ensuring that health workers make the contribution that they need to.



1. Building their abilities to respond to their adolescent patients effectively & with sensitivity
2. Enabling them to perform to the best of their abilities
3. Motivating them to perform to the best of the abilities

- 
- Working to make existing service-delivery points more "friendly" to adolescents.

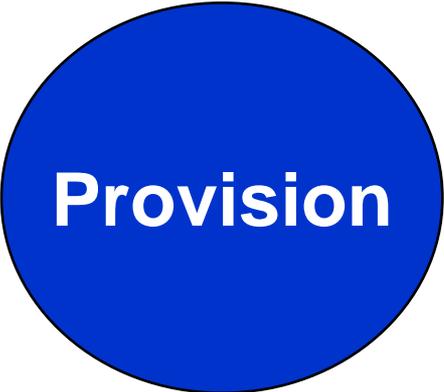
- Setting up new service-delivery points exclusively intended for adolescents.

Setting out to do more than just make health services "*friendly*".



Utilization

Striving to ensure that adolescents **are able & willing to** obtain the health services they need.



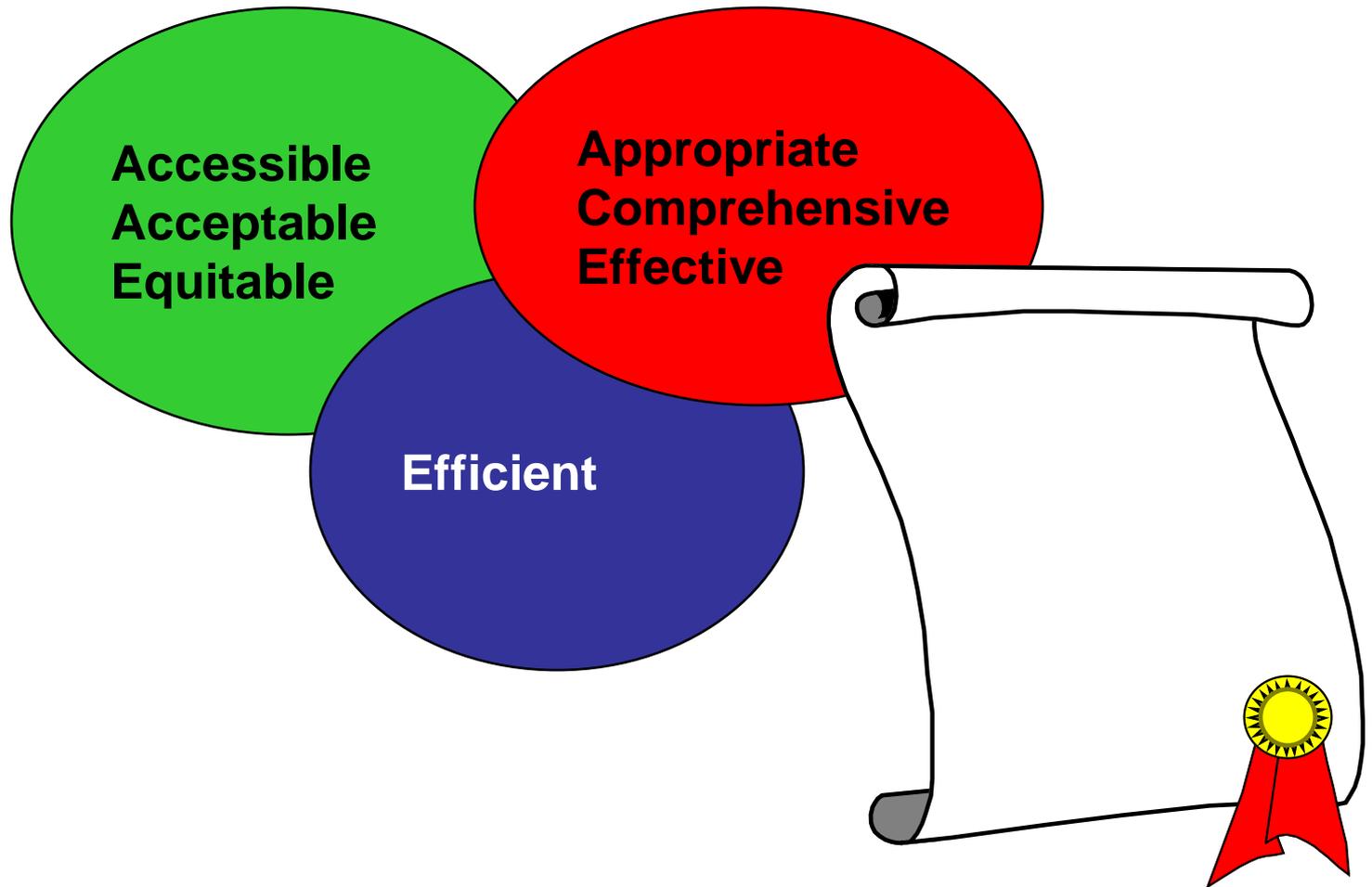
Provision

Striving to ensure that the services that adolescents need **are in fact being provided & are being provided in the right manner.**

Using a quality framework for health-service provision to adolescents.

Utilisation

Provision



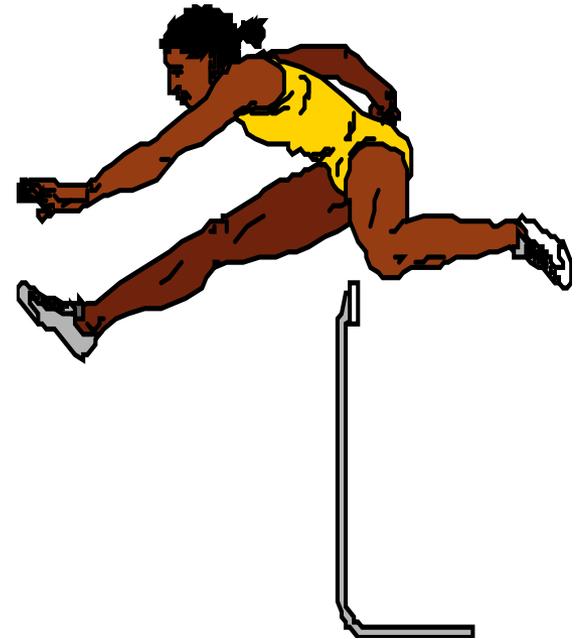
Using a standards-driven quality improvement approach

What is a standard ?

A standard is a statement of required quality.

How can standard-driven quality improvement contribute to our work ?

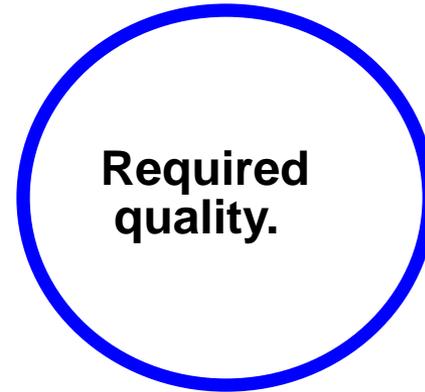
1. By setting clear goals for the quality of different aspects of the functioning of service-delivery points.
2. By providing the basis for assessing the achievement of these goals.
3. By providing the basis for identifying what needs to be done to achieve the goals.



Standards-driven quality improvement

1. Standards set clear goals.

They make explicit the definition of quality required



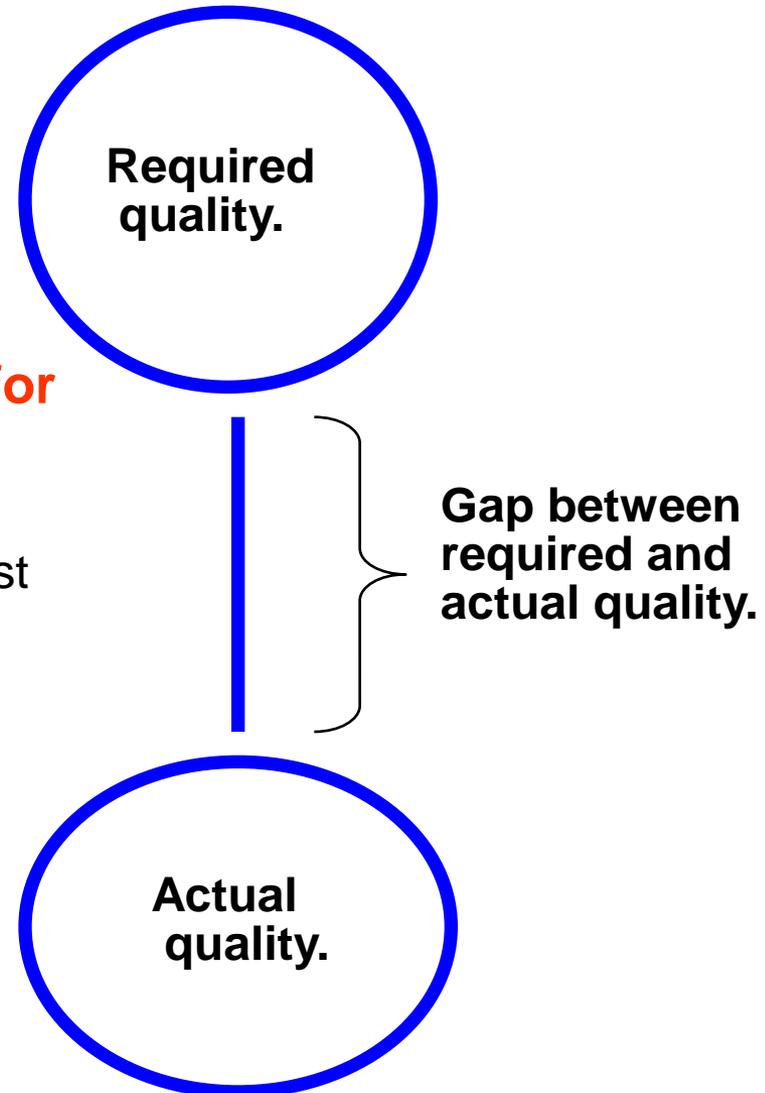
Standards-driven quality improvement

1. Standards set clear goals.

They make explicit the definition of quality required

2. Standards provide the basis for assessing the achievement of goals.

They provide a clear reference against which quality can be assessed (& compared).



Standards-driven quality improvement

1. Standards set clear goals.

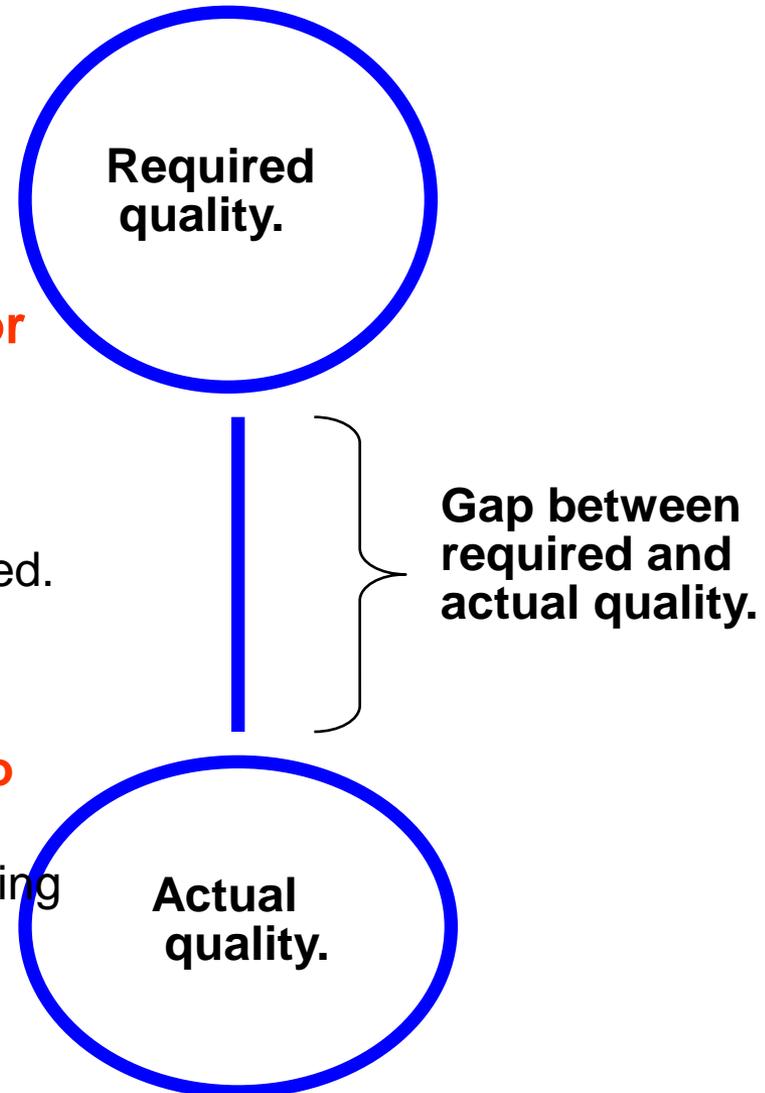
They make explicit the definition of quality required

2. Standards provide the basis for assessing whether goals have been achieved.

They provide a clear reference against which quality can be assessed/compared.

3. Standards provide the basis for identifying what needs to be done to achieve the goals.

They provide an entry point for identifying why the goals were not achieved, and what actions need to be taken for the goals to be achieved.



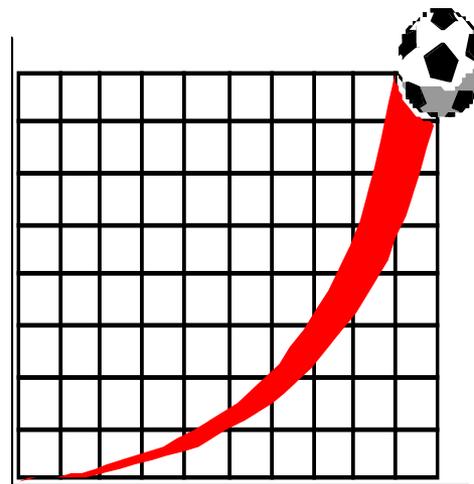
Working to expand the coverage of health services, alongside efforts to improve quality

What is coverage ?

The proportion of a given population that is able to/willing to/has in fact obtained the health services *that they need*.

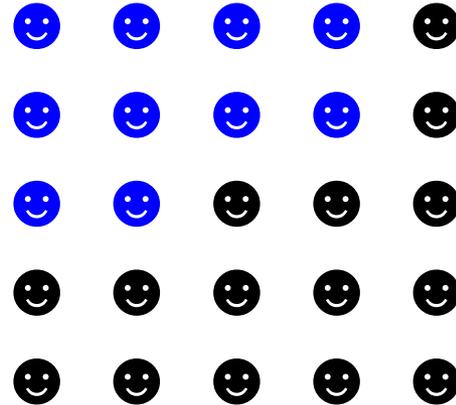
Why is a focus on coverage relevant to our work ?

1. By pressing for clarification on what proportion of the adolescents in a community need a specific health service.
2. By providing the basis for determining what proportion of them are in fact obtaining the health services they need.



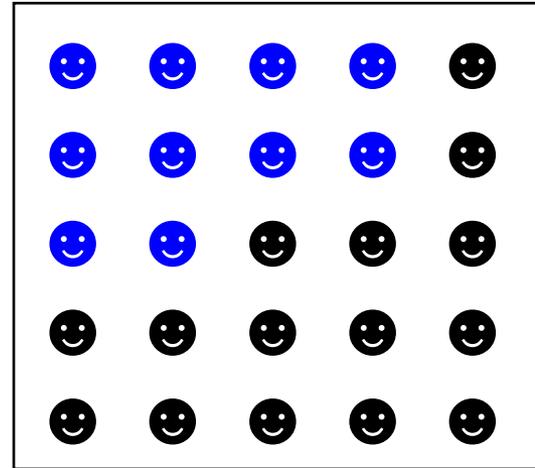
Expanding the coverage of health services.

1. Clarifying what proportion of adolescents in a community need a specific health service.

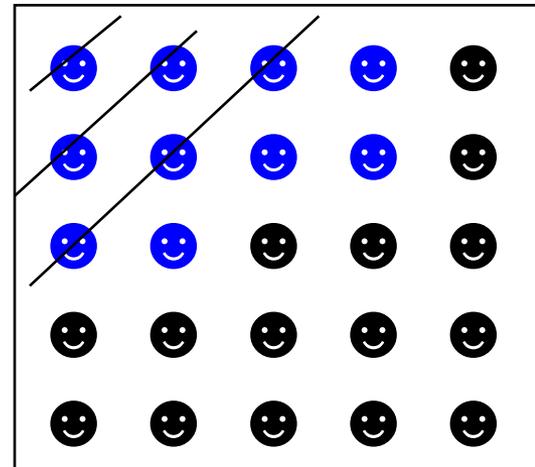


Expanding the coverage of health services.

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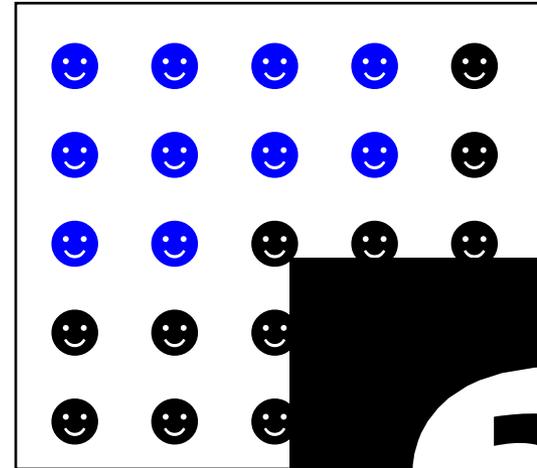


2. Determining what proportion of these adolescents are in fact obtaining the health services they need.

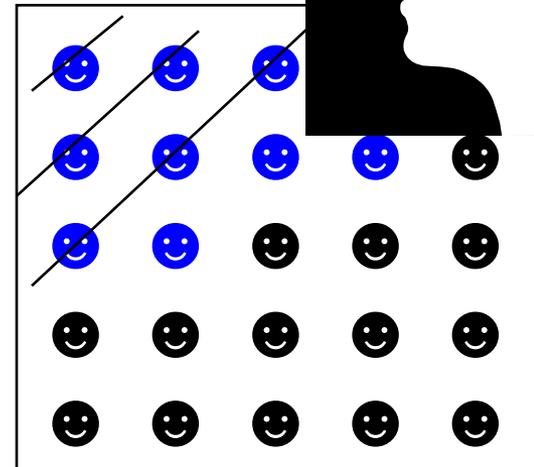


Expanding the coverage of health services.

1. Clarifying what proportion of adolescents in a community need a specific health service.



2. Determining what proportion of these adolescents are in fact obtaining the health services they need.



Different but complementary actions at national, district & local levels.

National level

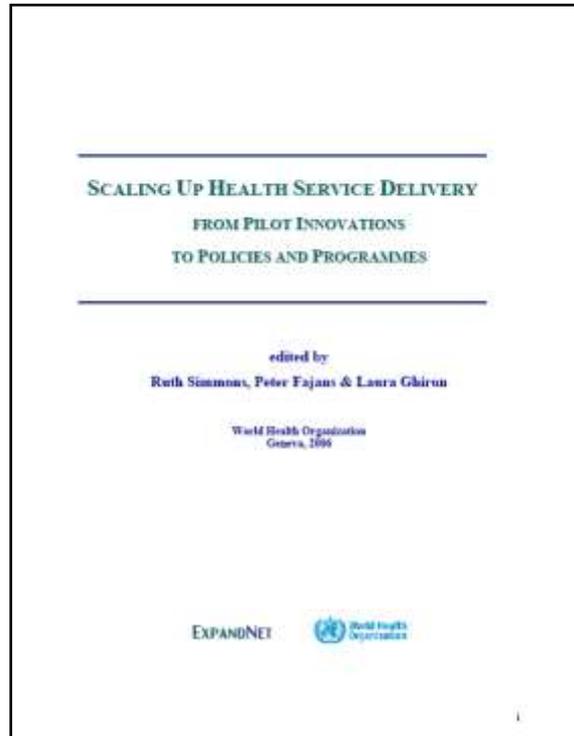
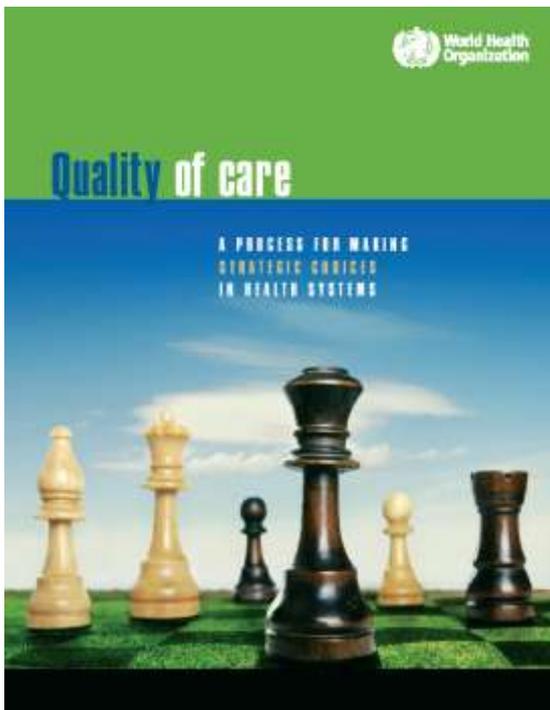
- Providing directions
- Providing methods & tools
- Providing human & material support

District level

- Acting as a bridge between the national level & the district.
- Playing a facilitating role in the district
- Supporting the service delivery points
- Supporting community action

Local level





Scaling up: Deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and program development on a lasting basis.

