

# An adolescent-friendly health worker: A crucial component of an adolescent friendly health service

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**1. An adolescent-friendly health worker is a crucial component of an adolescent friendly health service.**

- ❑ Health workers work with adolescents & to provide them with health services effectively.

**(Competencies)**

- ❑ Health workers do not discriminate, are nonjudgemental & are respectful.

**(Attitudes & values)**



# Health workers: Two complementary roles



## Service provider

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



## Change agent

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

**2. An adolescent-friendly health worker tries to understand each adolescent patient as an individual in his/her social context.**

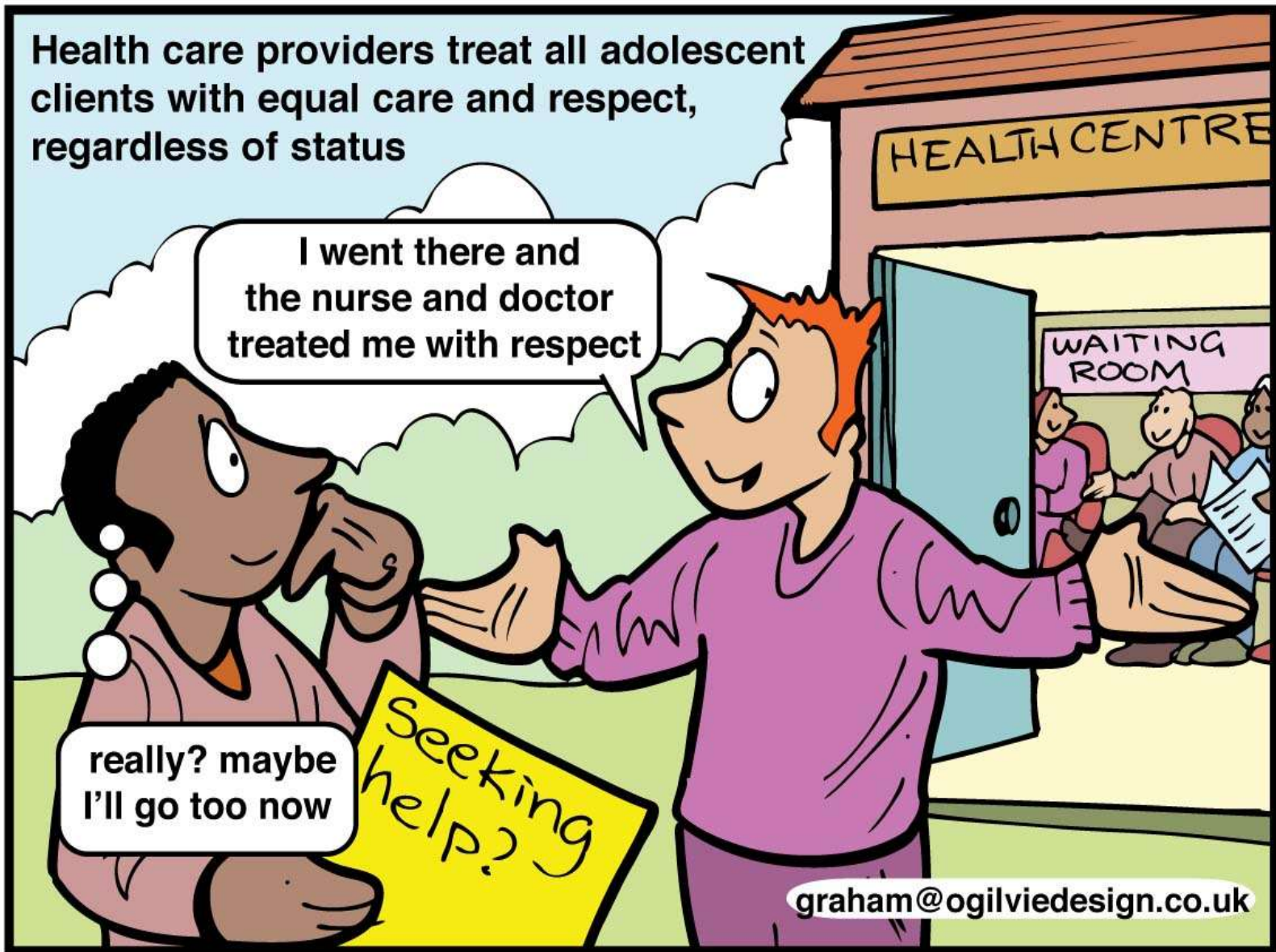
## HEADS is an acronym for

- Home
- Education/Employment
- Eating
- Activity
- Drugs
- Sexuality
- Safety
- Suicide/Depression



WHO. Adolescent Job Aid : A handy desk reference tool for health workers. WHO. Geneva. 2010.

**3. An adolescent-friendly health worker treats all adolescents equitably & without discrimination.**



WHO. Making health services adolescent friendly: Developing national quality standards. WHO, Geneva. 2012.



**4. An adolescent-friendly health worker takes into account the evolving capacities of his/her adolescent patients.**

# Cognitive, emotional & social development in adolescence

## Cognitive development

- ❑ Thinking shifts from concrete to abstract
- ❑ Reasoning skills become stronger; the ability to think creatively develops

## Evolving social relationships

- ❑ Early adolescence - One primary group of friends whose members are generally similar & belong to the same sex
- ❑ Middle adolescence - Part of peer groups which include some who are different (can include both sexes if socially permitted)
- ❑ Late adolescence - Diversified relationships beyond a single group; close relationships (including romantic ones if socially permitted)

## Development of emotional & social competencies

- ❑ Development of self awareness, self management, social awareness & social interactions
- ❑ Development of Identity



### Fact:

An adolescent's thinking shifts from concrete to abstract (i.e. thinking about things they cannot see, hear or touch) from early, through middle to late adolescence.

### Implications:

Health workers should match their communication to their assessment of the ability of their adolescent patient to think abstractly.



**Fact:** Adolescents' advanced reasoning skills become stronger (i.e. thinking about multiple options and possibilities) and they are better able to follow a logical thought process.

**Implications:**

**Health workers should:**

- (i) encourage a deeper understanding of issues that adolescents bring up by providing - and pointing to - accurate and up to date information,
- (ii) pose open-ended questions that invite thought, discussion and debate rather than closed ended ones (e.g. of an open ended question What would be the benefits of becoming a vegan ? And what would be the negative effects ?),
- (iii) avoid mocking or criticizing adolescents' thoughts or ideas, especially publicly.



## Fact:

Being aware of the potential risks of an action, does not - always - stop adolescents from partaking in it because of the emotional and social rewards they get. One reason for this that the brain's limbic system (responsible for emotions) matures earlier than the prefrontal cortex (responsible for moderating ones actions) does.

## Implications:

Health workers should make sure that adolescents fully understand:

- (i) the role of emotions in decision making, and to help them understand the benefits of making important decisions when they are not rushed or upset.,
- (ii) how the physical presence of peers as well as their influence (even when they are not physically present) affects their actions.

Health workers should be aware that "Just say no" or "Don't do that" does not work.

**5. An adolescent-friendly is prepared to decide whether his/her minor adolescent patients are able to make important health-related decisions on their own.**

## Strengthening the Health Sector Response to Care, Support, Treatment and Prevention for Young People Living with HIV

WHO/UNICEF Global Consultation

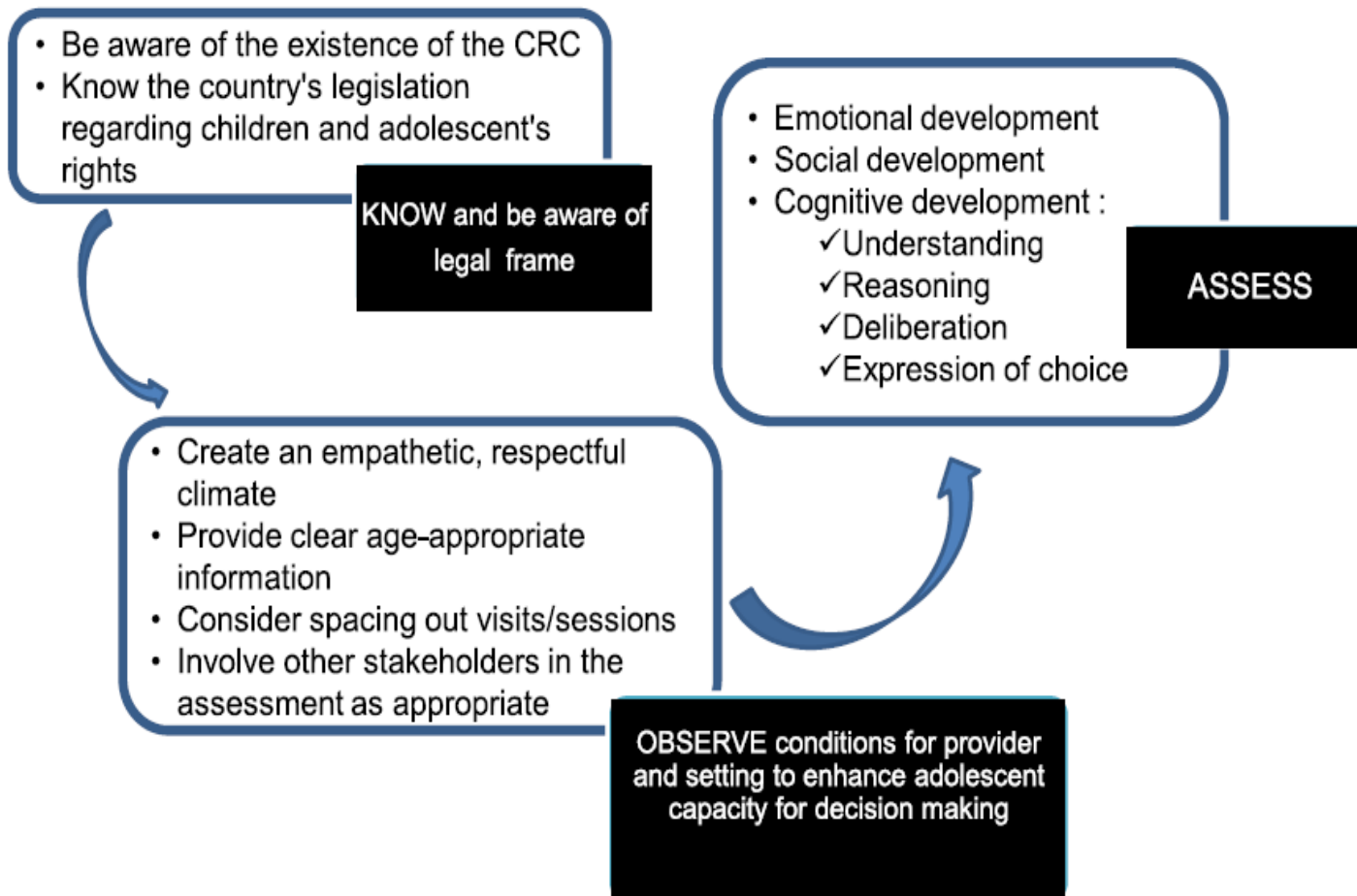


13-17 November 2006  
Blantyre, Malawi



**Fact: Adolescents may want to decide about their health (e.g. having an HIV test or a termination of pregnancy) on their own, before they are legally permitted to do so.**

**Implications:**  
**Health workers will need to decide on whether their adolescent patient is a 'mature minor' based on their assessment of their cognitive development, and their emotional and social competence.**



**Figure 1.** A summary of the processes involved in the assessment of autonomous decision-making by minor adolescents.

P-A Michaud, R W Blum, L- Benaroyo, J Zermatten, V Baltag.  
 Assessing an adolescent's capacity for autonomous decision  
 making. *Journal of Adolescent Health*. 2015.



6. An adolescent-friendly health worker strives to meet the best interests of his/her adolescent patients – balancing ethical obligations with legal requirements.

# A framework for decision making

Is what I want to do ethical ?

- Non discrimination
- Evolving capacity
- Best interests

Is what I want to do legal ?

Is what I want to do practical ?

I want to help this young woman, but I do not want to break the law. What should I do ?