

Orientation Programme on Adolescent Health for Health-care Providers

*Handout for*

Module D

**Adolescent-friendly  
health services**



This handout provides information to complement the material covered in module D *Adolescent-friendly health services*. The facilitator may refer to the text in this handout during the sessions and you may be asked to read some extracts.

## **THIS HANDOUT PROVIDES INFORMATION ON THE FOLLOWING:**

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## 1. AN AGENDA FOR CHANGE

Adolescents complete their physical, emotional and psychological journey to adulthood in a changing world that contains both opportunities and dangers.

Most adolescents are full of optimism and represent a positive force in society, an asset now and for the future as they grow and develop into adults. When supported, they can be resilient in absorbing setbacks and overcoming problems.

However, adolescents are exposed to risks and pressures on a scale that their parents did not face. Globalization has accelerated change while the structures that protected previous generations of young people are being eroded. Adolescents receive contradictory messages on how to address the daily choices which have lifelong consequences for healthy development.

Millions are denied the essential support they need to become knowledgeable, confident and skilled adults. They miss out on schooling for economic reasons or because their communities are displaced or disrupted by war or conflict.

While most young people have loving families who protect and care for them, many grow up with no adults committed to their welfare or where the ability of caring adults to support them has been damaged.

Adolescents are at risk of early and unwanted pregnancy, of sexually transmitted infections (STIs) including HIV and AIDS, and vulnerable to the dangers of tobacco use, alcohol and other drugs. Many are exposed to violence and fear on a daily basis. Some of the pressures adolescents are under, or the choices they make, can change the course of their young lives, or even end them. These outcomes represent personal tragedies for young people and their families. They are also unacceptable losses that put the health and prosperity of society at risk.

Addressing the needs of adolescents is a challenge that goes well beyond the role of health services alone. The legal framework, social policy, the safety of communities and opportunities for education, employment and recreation are just some of the factors of civil society that are key to adolescent development.

However, within an integrated approach, health services can play an important role in helping adolescents to stay healthy and to complete their journey to adulthood; supporting young people who are looking for a route to good health, treating those who are ill, injured or troubled and reaching out to those who are at risk.

Effective health services reach adolescents who are growing up in difficult circumstances as well as those who are well protected by their communities. Health services need to link with the other key services for adolescents, so that they become part of a supportive structure that protects young people against dangers, and helps them to build knowledge, skills and confidence.

This is far from being the case in many countries. Health services often regard adolescents as a healthy group who do not need priority action, and so provide a minimum subset of adult or paediatric services with no adjustments for their special needs.

There is evidence that many young people regard such health services as irrelevant to their needs and distrust them. They avoid such services altogether, or seek help from them only when they are desperate.

“Adolescent-friendly” health services meet the needs of young people sensitively and effectively and are inclusive of all adolescents. Such services deliver on the rights of young people and represent an efficient use of precious health resources. Their characteristics are further spelled out in this handout.

## **SUMMARY**

- Adolescents represent a positive force in society, now and for the future
- They face dangers more complex than previous generations faced, and often with less support
- The development needs of adolescents are a matter for the whole of civil society
- Health services play a specific role in preventing health problems and responding to them
- Many changes are needed in order for health services to become adolescent-friendly.

## 2. WHAT HEALTH SERVICES DO ADOLESCENTS NEED?

Adolescents have in many surveys expressed their views about what they want from health services. They want a welcoming facility, where they can “drop in” and be attended to quickly. They insist on privacy and confidentiality, and do not want to have to seek parental permission to attend. They want a service in a convenient place at a convenient time that is free or at least affordable. They want staff to treat them with respect, not judge them. They want a range of services, and not to be asked to come back or referred elsewhere. Of course, those who plan and provide services cannot only think about the wishes of adolescents – services must be appropriate and effective, and they must be affordable and acceptable for the community.

However, services for this age group must demonstrate relevance to the needs and wishes of young people. Health services play a critical role in the development of adolescents when they:

- Treat conditions that give rise to ill health or cause adolescents concern;
- Prevent and respond to health problems that can end young lives or result in chronic ill health or disability;
- Support young people who are looking for a route to good health, by monitoring progress and addressing concerns;
- Interact with adolescents at times of concern or crisis, when they are looking for a way out of their problems;
- Make links with other services, such as counselling services, which can support adolescents.

Young people in crisis need counselling and community support beyond what health services alone can offer. This support comes from parents, families, teachers, trained counsellors, religious or youth leaders and other adults and from their own peers. However, if these links break down, early signs of crisis may become apparent during contact with health services.

Health-care staff needs to be sensitive to signs of anxiety, and know how to deal with young people in crisis, or where to refer them. Services also need to include information and education to help adolescents to become active participants in their own health.

Programmes monitoring growth and development should provide a golden opportunity for adolescents to request help and for health-care staff to give them information. However, such programmes are rarely provided at school and even when health checks do take place, they seldom give young people this kind of opening.

### Essential services

Is it possible to define essential health services for adolescents? A regional consultation carried out by the Pan American Health Organization suggested that a core package for improving adolescent health and development should:

- Monitor growth and development.
- Identify and assess problems and problem behaviour, managing these where possible or, referring young people if they cannot.
- Offer information and counselling on developmental changes, personal care and ways of seeking help.
- Provide immunization. (Immunization programmes are run for young children but not for an older sister or brother. Adolescent girls need protection from rubella before they become pregnant. Vaccines are also available for meningitis, hepatitis and tetanus.)

A WHO consultation in Africa in October 2000 agreed that “adolescents have a right to access health services that can protect them from HIV/AIDS and from other threats to their health and well-being, and that these services should be made adolescent-friendly”. The consultation recognized that health and development needs cannot be met by health services alone, but outlined an essential list of clinical services:

- General health services for tuberculosis, malaria, endemic diseases, injuries, accidents and dental care;
- Reproductive health including contraceptives, STI treatment, pregnancy care and post-abortion management;
- Counselling and testing for HIV, which should be voluntary and confidential;
- Management of sexual violence;
- Mental health services, including services to address the use of tobacco, alcohol and drugs;
- Information and counselling on development during adolescence, including reproductive health, nutrition, hygiene, sexuality and substance use.

However, an appropriate range of essential services must be decided by each country, based on local needs assessments and resource availability.

The Global Consultation on Adolescent-Friendly Health Services, held by WHO in Geneva in March 2001, concluded that a core package could not be a “fixed menu”. Instead, the Global Consultation suggested that each country must develop its own package, negotiating its way through economic, epidemiological and social constraints, including cultural sensitivities. It declared: “What is needed is a process by which government ministries can make decisions about what is most appropriate for their situation, taking into account cost, epidemiological factors and adolescent development priorities.”

To take one example, South Africa has developed a package of essential adolescent health-care services at a primary level, focused on reproductive health – HIV, STIs, pregnancy – and on violence, which is often sexual in nature. It includes counselling, contraceptives, pregnancy tests and HIV testing at primary care level, and that abortions should remain legal. This South African package focuses on the priority issues for young people and develops an approach that is culturally acceptable to most people. Another country might develop a different set of priorities, or a different method of working.

## SUMMARY

- Health services can help to meet adolescent needs, only if they are part of a comprehensive programme. Adolescents need:
  - A safe and supportive environment that offers protection and opportunities for development;
  - Information and skills to understand and interact with the world;
  - Health services and counselling – to address their health problems and deal with personal difficulties.
- Health-care providers cannot meet all these needs alone. They can join or create networks that act together and maximize resources.
- A package of basic health services must be tailored to local needs, including growth and development monitoring and immunization.
- Reproductive health services, counselling and voluntary testing for HIV and other sexually transmitted infections are a high priority in most places.
- Mental health services and counselling are important elements to support adolescents.
- There is no single “fixed menu” suitable for every country. Each country must develop its own package, according to economic, epidemiological and social circumstances.



### 3. DO EXISTING SERVICES MEET THE NEEDS OF ADOLESCENTS?

Surveys in many countries suggest that when young people are looking for urgent treatment for what they consider to be sensitive conditions, health services are often their last resort. Health-care providers are often dismayed by these findings, as they want to be a resource for young people – but they do not know how. Yet adolescents can be excluded by poor service delivery, their own lack of awareness or a combination of legal, physical, economic and psychological barriers.

- Lack of knowledge on the part of the adolescent

Most young people do not have the knowledge or experience to distinguish between conditions that go away of their own accord and those that need treatment. They do not understand their symptoms or the degree of risk they may be taking. They do not know what health services exist to help them, or how to access them.

- Legal or cultural restrictions

Reproductive health services, such as family planning clinics or abortion services, are often restricted. Abortions may be illegal, although the health system deals with the consequences of unsafe abortions. Even if condoms are available, health-care workers may withhold them from adolescents. Young people need consent from their parents for medical treatment.

- Physical or logistical restrictions

Services may be a long way from where the young person lives, studies or works, or available only at inconvenient hours. Some services may be inaccessible to the general public – for example, it may only be possible to access a drug treatment programme via the criminal justice system.

- Poor quality of clinical services

Quality may be poor because health-care providers are poorly trained or motivated, or because a health facility has run out of medicines or supplies.

- Unwelcoming services

Of special concern is the way in which services are delivered. Young people are very sensitive to privacy and confidentiality, and do not want their dignity to be stripped away. Adolescents are more likely than older people to be deterred by long waiting times and administrative procedures, especially if they are made to feel unwelcome. Unfriendly health-care providers who do not listen or are judgemental, make it difficult for young people to reveal concerns. They may not return for follow-up care.

- High cost

Young people usually cannot afford to pay for health services but must ask an adult to support them. When desperate, young people will “beg, borrow or steal” money for treatment, but may then seek help in the private sector so as to protect their privacy, even if this treatment is more expensive and less effective.

- Cultural barriers

In many countries a culture of shame discourages adults and children from talking about their bodies or sexual activity. This can inhibit parents from discussing sensitive issues with their children, and make a young person reluctant to use sexual or reproductive health services. It may also be difficult to seek help after violence and sexual abuse. Not every adolescent has the same concerns and not all services are equally sensitive, but these factors are widely applicable across cultures, for both sexes and especially among adolescents who have low self-esteem or who feel vulnerable.

- Gender barriers

Some barriers are especially associated with the sex of the young person. Adolescent girls are very reluctant to be examined by males, while young men may find it difficult to discuss intimate symptoms with a female health-care provider. Sensitivities above may be especially cultural powerful disincentives for girls to use services. There are many cultural barriers associated with gender. It takes two to make a baby, but it is girls who become pregnant. It is very difficult for a 16-year old girl to attend a local clinic for a pregnancy test or for contraception, if she knows that she will be seen by a relative or neighbour. Girls who do not leave the house much may have less access to information and in some cultures have to seek consent from a parent or spouse before treatment. Girls may even be denied treatment by health-care workers, despite being legally entitled to them.

- Peer pressure

Adolescents often consult their friends about where they should seek treatment, and in this way, one person's experience becomes the criteria by which a group of young people make their health-care decisions. Some may seek out useful sources of help such as trained pharmacists, but others turn to street vendors, or unlicensed practitioners. Many seek no help at all with potentially catastrophic results. This reluctance to seek early help goes beyond reproductive and sexual health matters. Street children presented late and usually did not complete their treatment, although they represented a significant source of hidden illness and infection. Young people in boarding schools or colleges also presented late because they wanted to hide the diagnosis from their peers, the school authorities and their families. In both cases, the adolescents were protecting their privacy above their need for medical care. This resulted in poor treatment, missed classes and an inability on the part of the hospital to provide effective contact tracing. When young people are confident that hospitals and clinics protect confidentiality, they ask for help sooner.

## SUMMARY

- Adolescents lack knowledge about what services are available and how to access them
- There may be legal restrictions on the use of services or cultural reasons why young people do not wish to be seen there
- Adolescents give high priority to confidentiality
- They are put off if the services are a long way away or are expensive
- They will not use unfriendly services or those with poorly trained staff.

## 4. WHAT MAKES HEALTH SERVICES “ADOLESCENT-FRIENDLY”?

Adolescent-friendly health services represent an approach which brings together the qualities that young people demand, with the high standards that have to be achieved in the best public services. Such services are accessible, acceptable and appropriate for adolescents. They are in the right place at the right time at the right price (free where necessary) and delivered in the right style to be acceptable to young people. They are equitable because they are inclusive and do not discriminate against any sector of this young clientele on grounds of gender, ethnicity, religion, disability, social status or any other reason. Indeed they reach out to those who are most vulnerable and those who lack services. The services are comprehensive in that they deliver an essential package of services to the whole target group.

They are effective because they are delivered by trained and motivated health-care providers who are technically competent, and who know how to communicate with young people without being patronizing or judgemental. These providers are backed up by adolescent-friendly support staff and have access to equipment, supplies and basic services. They also maintain a system of quality improvement so that staff are supported and remotivated to keep up their high standards. Finally the services are efficient so that they do not waste money, and they record enough information to be able to monitor and improve performance.

The gold standard for adolescent-friendly health services is that they are effective, safe and affordable, they meet the individual needs of young people who return when they need to and recommend these services to friends. Even if this ideal cannot be achieved immediately, improvements bring results.

Making services adolescent-friendly is not primarily about setting up separate dedicated services, although the style of some facilities may change. The greatest benefit comes from improving generic health services in local communities and by improving the competencies of health-care providers to deal effectively with adolescents.

The characteristics of adolescent-friendly health services were discussed during the global consultation process initiated by WHO in 2000, and continued during the discussions by the expert group convened by WHO in Geneva in 2001.

These characteristics are intended for application sensitively in each country, bearing in mind the cultural, social, economic and political context and the need to support health-care providers to deliver the best possible service to adolescents.

### Technical competence

Doctors and nurses need a good knowledge of normal adolescent development and the skills to diagnose and treat common conditions, such as anaemia or menstrual disorders in adolescent girls, and to recognize signs of sexual or physical abuse. They need access to the correct drugs and supplies to treat common conditions and prevent health problems. They should know where to refer adolescents for specialist physical or psychological treatment. Such referrals may be to people or services outside the health system for counselling or social support.

### See the person, not the problem

Technical competence must be accompanied by respect and sensitivity to draw the young person out and to discover underlying problems that may not be the immediate cause of a visit. As well

as conditions that only a clinician can understand, such as a “suboptimal adolescent growth spurt”, a doctor, medical officer or nurse must be able to recognize a young person who is confused or frightened. Adolescents often lack confidence and may present with a “safe” symptom, to test the service before revealing their real concerns. By focusing on the person, rather than the symptom, providers can discover underlying concerns. Technical skills and a sympathetic professional approach should be combined with a non-judgemental approach. Health-care providers do not need to abandon their own belief systems or values, but they do need to understand a situation from an adolescent’s point of view and not to allow their own views to dominate the interaction.

## Training and staff support

Technically competent and empathetic staff need a system of ongoing support. An adolescent-friendly approach should include repeated training sessions to refresh the skills of current staff as well as developing new skills for new staff. Training and peer-review sessions should cover everyone from doctors (who may believe they need no further training) to the receptionist and cleaner, who may be surprised that they are part of the team. These staff may be the first person an adolescent meets at a health facility. If they are unfriendly or indiscrete, an adolescent may never return. Management and supervision should be aimed at creating a supportive environment and at developing systems to maintain and improve quality. Health-care providers should be involved in drawing up protocols and guidelines covering key quality issues. They should also develop self-assessment and peer review mechanisms which create a culture of openness. Monitoring systems should encourage adolescents to provide feedback on services.

## Making the service physically accessible

Services need to be provided in places that adolescents can reach, at times that they can get there. This may involve holding special clinics in youth centres, or other places where adolescents go. Clinical staff can take turns to do late duty rotas so that a clinic can run in the evening or at weekends, when young people are not at school, college or working.

Physical surroundings are important. Many places have no special adolescent centre, but still provide a welcoming health facility. Attention can be paid to the paintwork, posters on the walls, cleanliness and whether there are enough chairs where people wait. A general adolescent health clinic can advertize its name at the entrance, while an STI clinic may want a discrete entrance. Adolescents themselves may help to decide on a creative name that will be welcoming but not stigmatizing. A busy city hospital with little money for capital development can create an “adolescent health corner”, by putting up a partition, so that young people can be seen in privacy, or by using a rear door where they can enter without stigma. Some clinics give young people numbers when they arrive so that they can be called to see the doctor or nurse without having to sit in a queue “on display” and without having their name called out. While waiting they should be able to look at health promotion literature, or even view a video.

## Confidentiality and privacy

Adolescents need to be assured of privacy during a consultation and confidentiality afterwards. Young people should not be expected to undress or be examined where people can see them. Those waiting outside should not be able to hear a doctor giving a diagnosis. Patients must be confident that medical records will not be left on view and that receptionists will not gossip. In most countries there is a legal obligation for doctors to report sexual assault, a road traffic accident or gunshot wounds. There are also legal restrictions on treatment to young people below a certain age without parental consent. These and other legal constraints need to be explained as the only

exceptions to a strict policy of confidentiality. This policy itself can be jointly developed with adolescents and health-care providers so that everyone understands and feels comfortable with the ground rules. The confidentiality policy, including exceptions, needs to be explained to all adolescent users and to parents or guardians, and needs to be clearly understood by referral agencies.

## Services that are acceptable to the local community

Simply making services “adolescent-friendly” will not increase usage, unless young people feel that it is acceptable to be seen to use them. Community support for the service must also be sought. The community should have an opportunity to understand why services are important for adolescents, and why these should include sexual and reproductive health services and confidential counselling. Local meetings may be held for parents, and community and religious leaders should be approached for support. Services may even be located in community settings. There are many examples of services being delivered in schools, community centres or on the street. Where public support is difficult to achieve (as is often the case for health services for sex workers or for injecting drug users) the services can be run in a low key way, or through community outreach workers.

## Involving adolescents

Services that reach a high quality are those that closely involve adolescents in their planning and monitoring. Through the involvement of young people service providers can be confident that they are providing services in the right place, at the right time and in the right style. The involvement of adolescents in planning and monitoring delivers on their right to have their views heard. It also increases the confidence that other young people place in those services.

### SUMMARY

#### Characteristics of adolescent-friendly health services

Adolescent-friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient. These characteristics are based on the WHO Global Consultation in 2001 and discussions at a WHO advisory group meeting in Geneva in 2002. They require:

1. Adolescent-friendly policies that
  - fulfil the rights of adolescents as outlined in the UN Convention on the Rights of the Child and other instruments and declarations;
  - take into account the special needs of different sectors of the population, including vulnerable and under-served groups, do not restrict the provision of health services on grounds of gender, disability, ethnic origin, religion or (unless strictly appropriate) age;
  - pay special attention to gender factors;
  - guarantee privacy and confidentiality and promote autonomy so that adolescents can consent to their own treatment and care;
  - ensure that services are either free or affordable by adolescents.
2. Adolescent-friendly procedures to facilitate
  - easy and confidential registration of patients, and retrieval and storage of records;
  - short waiting times and (where necessary) swift referral;
  - consultation with or without an appointment.

## SUMMARY

### Characteristics of adolescent-friendly health services

3. Adolescent-friendly health-care providers who
  - are technically competent in adolescent-specific areas, and offer health promotion, prevention, treatment and care relevant to each client's maturation and social circumstances;
  - have interpersonal and communication skills;
  - are motivated and supported;
  - are non-judgemental and considerate, easy to relate to and trustworthy, devote adequate time to clients or patients;
  - act in the best interests of their clients;
  - treat all clients with equal care and respect;
  - provide information and support to enable each adolescent to make the right free choices for his or her unique needs.
4. Adolescent-friendly support staff who are
  - understanding and considerate, treating each adolescent client with equal care and respect;
  - competent, motivated and well supported.
5. Adolescent-friendly health facilities that
  - provide a safe environment at a convenient location with an appealing ambience;
  - have convenient working hours;
  - offer privacy and avoid stigma;
  - provide information and education material.
6. Adolescent involvement, so that they are
  - well informed about services and their rights;
  - encouraged to respect the rights of others;
  - involved in service assessment and provision.
7. Community involvement and dialogue to
  - promote the value of health services; and
  - encourage parental and community support.
8. Community based, outreach and peer-to-peer services to increase coverage and accessibility
9. Appropriate and comprehensive services that
  - address each adolescent's physical, social and psychological health and development needs;
  - provide a comprehensive package of health care and referral to other relevant services;
  - do not carry out unnecessary procedures.
10. Effective health services for adolescents
  - that are guided by evidence-based protocols and guidelines;
  - having equipment, supplies and basic services necessary to deliver the essential care package;
  - having a process of quality improvement to create and maintain a culture of staff support.
11. Efficient services which have
  - a management information system including information on the cost of resources;
  - a system to make use of this information.

## 5. HOW ARE SERVICES BEST DELIVERED TO ADOLESCENTS?

Adolescent-friendly health services can be delivered in hospitals at health centres, in schools, or in community settings. They may be planned from above or started by groups of dedicated health-care professionals who see that the needs of adolescents are not being met, and who believe that services can be more effective. This section gives examples in a range of different settings.

### Services at health centres or hospitals

Basic health services are usually delivered at ordinary health centres in local communities and there is no reason why this should not also meet the needs for many adolescents. One important task is to train and support staff in this setting, to improve skills and to develop an empathetic approach, so that young people are willing to attend. These skills can be sustained through regular post-qualification training, and through a system of clinical protocols and guidelines, together with peer assessment and good quality supervision and management. Privacy may be improved by holding special sessions outside normal opening hours, by creating a separate entrance for young people or by improving confidentiality once inside. A number of hospitals have developed specialist adolescent services or clinics in outhouses or as part of the main building. Hospital-based services have skilled specialists on site and can offer a full range of medical services. However, they are limited to centres of population, and may be constrained by competing demands for funds.

There are also dedicated health centres which provide a full range of services especially for adolescents. Such centres may be in large towns or cities, where they are relatively cost-effective, or they may be run by NGOs as “beacon” services that show what can be done. Such services can provide training and inspiration for other health-care providers, but they usually only have an impact in one area, and they cannot be replicated in mainstream services, because of the cost.

### Services located at other kinds of centre

Because some adolescents are reluctant to visit health facilities, services can also be taken to places where young people already go. In youth or community centres, a nurse or doctor may hold special clinics, and peer educators can put young people in touch with relevant health or social support services. One advantage is that such centres are already used by adolescents so that they do not have to make a special effort to go there. One drawback is that a particular centre may only attract part of the adolescent population, being used mainly by boys or by girls or by one age group.

### Outreach services

In both urban and rural areas there is a need to provide services away from hospitals and health centres, to reach out to young people who are unlikely to attend. Increasingly in towns and cities services are being provided in shopping malls, as well as in community or youth centres.

Some countries have promoted services on the Internet to catch the attention of young people who have access to computers. Adolescents in remote rural areas are often excluded from routine health services. Health-care workers from local centres can take mobile services to visit villages to reach adolescents over a wide area. Services provided in village halls can include screening and immunization with a discrete follow-up appointment service for those who need further treatment or counselling. Visiting health-care providers can also provide health education talks and materials aimed at young people.

Outreach services are also needed for adolescents who slip through the net although they may be geographically close to an existing health facility. Young people living on the streets find it difficult to access mainstream services but will respond to services targeted on this vulnerable client group. Such outreach services may be run from health clinics or provided by NGOs. Once contact is made with young people who are outside the system it is important to find a way to create links between the outreach team and mainstream services.

## Health services linked to schools

Schools provide a natural entry point for reaching young people with health education and services. In the five years to 1996, it was estimated that the number of children enrolled in primary education increased by approximately 50 million, and the increase was most rapid amongst girls. Secondary school enrolment is also increasing.

Schools are ideal places to screen for or treat a range of common illnesses, to provide vaccines such as booster tetanus shots, and for health and hygiene education. However, in practice this potential is seldom realized. Schools are short of resources and teachers have neither the training nor the equipment to deliver health education on top of their existing workload. To turn this around requires effective training to build the motivation and skills of staff, and may require outside support for sex education lessons. Some successful schemes train young people as peer educators in schools. As with outreach work, it is important to link school health services to local health services, so that students who need follow-up care receive it, and so that efforts are not duplicated.

It is also important to ensure that services provided at school have community support. Many head teachers are concerned that they will open themselves to criticism if they provide services for young people. Efforts among the school and community are required to ensure that such moves are supported. There is much evidence that parents welcome other responsible adults talking to their children about sensitive issues, as they often feel unable to deal with these issues at home.

## Health services linked to workplaces

Employers and trade unions both have an interest in services that help to keep the workforce healthy, and many workers in workshops and factories are adolescents. Peer education on HIV/AIDS has been carried out in workplaces in some countries. In other countries, the Ministries of Labour provide outreach programmes in boarding houses and factory-based education sessions to meet the reproductive health education needs of young women working in the factories. The Ministries also conduct a general skills course for the large number of female workers.

### SUMMARY

- Adolescent-friendly health services can be delivered in health centres, in the community, through outreach services or at school;
- Hospital or clinic based services can become more adolescent-friendly;
- Community settings include services provided at community or youth centres, in shopping malls or even over the Internet;
- Outreach services are needed in cities to contact adolescents who do not attend clinics and those, like street children, who are marginalized;
- Outreach services in rural areas can be devised to reach young people living in isolated communities
- Schools offer a critical entry point to bring services to young people who are in school;
- Young workers, including adolescents, can be reached with health education or screening services targeted on the workplace;
- Services can be located anywhere where young people go – no single setting should become the only model.



Orientation Programme on Adolescent Health for Health-care Providers

*Annex 1*

# Spot checks

Session 1: ACTIVITY 1-2



**SPOT CHECK 1**

**Health facilities should reach out to adolescents and become adolescent-friendly because...**

please fill in the blank spaces


**SPOT CHECK 2**

**Adolescents often do not make the best use of available health services because...**

please tick three of the most important reasons

...they expect that the staff will inform their parents	<input type="radio"/>
...they do not like waiting or filling in forms	<input type="radio"/>
...they are not interested	<input type="radio"/>
...they do not recognize illnesses	<input type="radio"/>
...they want to spend money on other things	<input type="radio"/>
...they do not like the way health staff deal with them	<input type="radio"/>
...they do not want to draw attention to themselves	<input type="radio"/>
...they find it easier to talk to their friends than to health-care workers	<input type="radio"/>
...they do not know where to go	<input type="radio"/>

### SPOT CHECK 3

**What are the most important characteristics of adolescent-friendly health services?**

please fill in the blank spaces

A vertical list of eight empty rectangular boxes for writing answers, connected by a vertical line on the left side.

### SPOT CHECK 4

**How adolescent-friendly do you believe the health facility you work in is?**

please mark your answer with a spot anywhere along the line

A horizontal line with three tick marks. Below the line are three labels: "not adolescent-friendly" under the first tick mark, "somewhat adolescent-friendly" under the second tick mark, and "very adolescent-friendly" under the third tick mark.