Prepared for integrating of Adolescent Health and Development Domains into pre-service nursing curriculum at The Hong Kong Polytechnic University, World Health Organization Collaborative Centre for Community Health Services. Supported by WHO, Western Pacific Regional Office

Module 9
Adolescent Friendly Health Services

I Introduction

Adolescent-friendly health services mean effective health services that reach adolescents as well as meeting their health needs in different circumstances. The aims of such services are not only to protect young people against dangers, but to help them to build knowledge, skills and confidence. Health services meet psychological as well as physical needs. Friendly health services emphasize the importance of understanding adolescents' views on health centre and stakeholders' perspectives on health services, since they both affect the way health centres function.

II Learning objectives

Upon completion of this module, learners will be able to:

1. Demonstrate an understanding of appropriate service delivery models for adolescents.
2. Understand the importance of the participation of adolescents and other stakeholders in the planning, implementation and evaluation of services rendered in practice settings.
3. Identify essential elements in providing adolescent-friendly health services and the related criteria of competencies of health care professionals.

Sources:

1. World Health Organization. (2009). World Health Organization: Adolescent Job Aid. World Health Organization.
2. World Health Organization. Orientation Program on Adolescent Health for Health-care Providers. Facilitator Guide - New Modules. World Health Organization.
3. World Health Organization. Orientation Program on Adolescent Health for Health-care Providers. Handout - New Modules. World Health Organization.

III Content

Upon completion of this module, learners will be able to:

- Demonstrate an understanding of appropriate service delivery models for adolescents.
- Understand the importance of the participation of adolescents and other stakeholders in the planning, implementation and evaluation of services rendered in practice settings.
- Identify essential elements in providing adolescent-friendly health services and the related criteria of competencies of health care professionals.

Objective 1: Demonstrate an understanding of appropriate service delivery models for adolescents

Activities

Activity 9.1: Group discussion

Scenario A:
A 14-year-old boy with leukemia which has relapsed several times wants to cease his treatment: who can consent to this and how much does the patient's opinion have to be taken into account?

Scenario B:
A 14-year-old girl asks you to arrange an abortion for her, and also asks that her parents should not be informed. How do you discuss the issues concerning her cultural background, her age, and her religion with her?

Does the 14-year-old adolescent have the right to give consent to/ refuse treatment? What is the health practitioner's specific role in obtaining consent and why?

Definitions of Health Service and Health Facility and Adolescent-Friendly Health Services

There is evidence that many young people regard health services as irrelevant to their needs. Adolescents distrust the health services and therefore avoid seeking their help. Thus, it is important that service providers address the problems of adolescents to make health services relevant and attractive. 'Adolescent-friendly' health services meet the needs of young people in this age range sensitively and effectively. This kind of service aims at promoting the rights of young people. It also represents an efficient use of precious health care resources (McIntyre, 2002).

Health services and health facilities: In this module, health services refer to the provision of clinical services, which often includes some information provision and advice aimed at preventing health problems, or detecting and treating them.

Adolescent-friendly health services: This means effective health services that reach adolescents and meet their needs in difficult circumstances. The aims of such services are not only to protect young people against dangers, but also to help them to build knowledge, skills and confidence. Health services meet psychological as well as physical needs (McIntyre, 2002).

The expectation of adolescents towards health services

According to surveys conducted by the WHO:

- Adolescents express a need for friendly 'drop-in' services where they can be seen quickly
- They place high importance on privacy and confidentiality
- They want staff to treat them with respect and not to judge them
- They want services to be provided at a convenient place at a convenient time
- They want services that are free or affordable
- Health services are only part of the answer – here is a widespread need for counselling and for support from caring adults
- 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 some places
- Mental health services and counselling are important elements to support adolescents

How services are best delivered to adolescents

- Adolescent-friendly health services can be delivered in health centres, hospitals, in the community or through schools
- An increasing number of hospitals are developing specialist adolescent services, separate from other departments
- Outreach services are needed in cities to contact adolescents who do not attend clinics
- Outreach services in rural areas can reach young people living in isolated communities
- In the community, services can be delivered through youth centres or at dedicated centres
- Schools offer a critical entry point to bring services to young people who are in school

The process of establishing adolescent-friendly health services

- Phase 1: Review of current health policies and health services
- Phase 2: Using data/ information for planning and setting standards
- Phase 3: Implementation
- Phase 4: Evaluation

What makes health services 'adolescent-friendly'?

- Staff in adolescent-friendly health services must be technically competent
- Staff need to be alert to young people's underlying concerns
- Staff should be willing to see a situation from the young person's point of view
- Training in adolescent-friendly approaches should be given to the whole team – all those who come into contact with young people
- Attention should be paid to making the physical surroundings as welcoming as possible
- Services must be confidential and offer privacy
- Services must be offered at the right time in the right place
- Services must involve adolescents in their planning and monitoring
- Wherever possible they should be acceptable to the local community

The concept of informed consent in adolescent health services

Informed consent is the process by which an adult authorizes medical treatment after discussion with clinicians regarding the nature, indications, benefits, and risks of the treatment. It is the right of an adult to decide what is done to his or her body. It is recommended that there should be written consent for any procedure or treatment carrying any substantial risk or side-effect. The use of a standard consent form provides evidence that the procedure has been explained and that the patient understands the nature and purpose of the proposed treatment.

In many countries, youths who have not reached majority (usually their 18th birthday) cannot sign the informed consent form without the endorsement of their parents or legal guardians. Consent, even in writing, is not valid unless the patient is informed about the procedure and why it is to be performed.

The Age of Legal Capacity (Scotland) Act 1991 assigns various legal rights to children over the age of 12 but sets no minimum age for legal capacity to consent to medical treatment. It recognizes the capacity for understanding rather than chronological age as the criterion for providing valid consent to treatment. The Act states that "a person under the age of 16 shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure of treatment." (Robinson, 2003) **More**

The concept of informed consent in adolescent health services

Informed consent of parents or legal guardians
The Children's Act 1989 introduces the concept of "parental responsibility", which includes all the rights, duties, powers, responsibilities and authority which, by law, a parent has in relation to the child and his property. For a young child who is incapable of giving consent it is the parent or other persons in whom parental responsibility is vested, who can give valid consent to medical treatment. (Robinson, 2003)

Informed consent without parents or legal guardians
If a young person has achieved sufficient understanding and intelligence to appreciate the implications of what is proposed and is capable of forming a decision, then that individual can give valid consent. (Robinson, 2003)

Treatment without parental consent
Only in exceptional circumstances, such as in an emergency or when a person with parental responsibility cannot be found, is a doctor justified in treating a child without parental knowledge and consent. (Robinson, 2003)

*Refer to the WHO Orientation Program on Adolescent Health for Health-care Providers. Facilitator Guide - New Modules. World Health Organization. Module D Adolescent Friendly Health Services.

*Refer to the WHO Orientation Program on Adolescent Health for Health-care Providers. Handout - New Modules. World Health Organization. Module D Adolescent Friendly Health Services.

Adopt from the WHO Orientation Program on Adolescent Health for Health-care Providers. Handout - New Modules. World Health Organization. Module D Adolescent Friendly Health Services

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.

Objective 2: Understand the importance of the participation of adolescents and other stakeholders in the planning, implementation and evaluation of services rendered in practice settings

Activities

Activity 9.2: Group discussion

Group discussion on the following questions:
Q1. How do adolescents typically view health care providers and health centres?
Q2. What help do adolescents typically seek from health care providers / centres?
Q3. What are the main barriers preventing adolescents from using health services?
Q4. What are the perspectives of stakeholders on making health services more user-friendly for adolescents?

Give a lecture to review the concept of rapid assessment procedures (RAP) and the application of RAP for collecting data for planning adolescent-friendly health services (Powerpoint 13). Remind participants that RAP will also be used in the evaluation process.

Group work: Split participants into 9 groups. Instruct them to use the method of RAP to collect data for either one of the following areas (or assign the data collection area for each group). Each group is requested to present their findings in a week and then submit an individual report in 2 weeks. You can use this group work as an evaluation tool to assess participants' performance.

How do adolescents typically view health care providers and health centres?

1. **Place to treat illness** - Adolescents may view centres of health care provision as a place to treat physical illness. This is based on their view of 'health' as 'the absence of illness'. As a result, they view health care provision as a means of treating physical illness only (McIntyre, 2002).

2. **Poor clinical service** - Poor service with long waiting times, complicated administrative procedures, running out of medicine and supplies in the facility (McIntyre, 2002).

3. **Provide unwelcoming service** - Health care providers are judgmental and do not listen to adolescents. They are poor in training and motivation.

4. **Lack of confidentiality**

5. **Physical or logistical restriction** - Services may be a long way from where the adolescents live, study or work, or available only at inconvenient times. Some services may not be accessible to the public; for example, they may not allow walk-ins, but only allow clients with referrals (McIntyre, 2002).

6. **High cost** - Adolescents cannot afford to pay for health services; they have to ask others to support them by begging, borrowing or stealing when they are desperate. However, in order to protect their privacy, they may seek care from the private sector even if it is more expensive and less effective (McIntyre, 2002).

7. **Lack of information** - Adolescents have no information about adolescent health services; they don't know where the health centre is, what the hours of service are, or even whether there is an adolescent health service operating (McIntyre, 2002).

Facilitate the participation of adolescents and other stakeholders in the planning of adolescent-friendly health services

Aims of planning:

In the planning process of adolescent-friendly health services, we first need to understand the situation in relation to these areas.

- Review the national adolescent development and health policies
- Assess local issues of adolescent development and health
- Review existing services for adolescents
- Assess the views of adolescents and other stakeholders on the matter of adolescent development and health

Data required for planning adolescent-friendly health services

In order to review adolescent health services, health care providers need to assess the follows aspects when planning to provide adolescent health services:

1. Demographic profile of adolescents
2. Health status of adolescents
3. Adolescent health concerns
4. Content and nature of existing adolescent health policies and programmes
5. Adolescent health information needs
6. Content, nature and use of existing health services for adolescents
7. Health risks for adolescents
8. Cultural, ethnic and geographical influences
9. Impact of economic status and employment **More**

Rapid assessments for adolescent health service planning

Rapid assessment procedures (RAP) have been used for data gathering and evaluation in health services. They are used to gain a quick insight into the needs of adolescent health services and produce findings that can be translated into action. The approach consists of a variety of methods, mainly qualitative, for gaining rich, in-depth perspectives on complex issues. Health planning for adolescents should begin with collecting information about the way adolescents see their own health needs. Of course, the opinions of stakeholders, the existing health services for adolescents and current regional policies on adolescent health and development can provide valuable pointers for planning adolescent-friendly health services. **More**

Facilitate the participation of adolescents and other stakeholders in the implementation of adolescent-friendly health services

Aims of implementation:

Based on the findings in the planning process, goals and guiding principles are set. Services must follow these goals and guiding principles. The clinic setting (i.e. location, time, decor, and fee) and well-trained staff (i.e. technical competence) must be prepared for the services.

Next, the promotion of the services becomes very important.

a. Promote community concerns on adolescent development and health issues (using posters, notice boards and advertisements in the printed press); promote the services (through hotlines or phone-in radio programmes); train peer promoters
b. Build up the network with other specialists (OTs, dietitians, psychiatrists, and social workers)

Criteria for implementing high quality health services for adolescents

Promising approaches:

1.1 **Accessibility**
1.2 **Acceptability**
1.3 **Affordability**
1.4 **Decor**

(Hockenberry, Wilson, Winkelstein, & Kline, 2007)

2. **Technical competence**
3. **Seeing the person, not the problem**
4. **Training and staff support**
5. **Confidentiality and privacy**
6. **Services that are acceptable to the local community**
7. **Involving adolescents**

(McIntyre, 2002)

Facilitate the participation of adolescents and other stakeholders in the evaluation of adolescent-friendly health services

There are several criteria for evaluating adolescent-friendly health services:

1. **Accessibility**
2. **Acceptability**
3. **Utilization of services**
4. **Efficiency and effectiveness of the services**
5. **Quality of care**

Suggested methods for data collection in planning adolescent-friendly health services

Theme	Issue related to theme / topic	Proposed method of data collection
Demographic profile of adolescents	• Proportion of the total population; urban/rural differences • Proportion in school at different ages in different regions • Literacy, joblessness, marriage by age and sex	Consulting secondary sources such as: • Census • Demographic and health surveys • Surveys by government or international organizations • Surveys by other organizations or research centres
Health status of adolescents	• Morbidity & mortality of adolescents • Identification of major causes of morbidity and mortality • Reproductive health status of adolescents (pregnancy, abortion, STDs)	As above plus: Annual reports by Ministry of Health, Provincial or district level records, Hospital / private clinic records
Adolescent health concerns	• Adolescents' perceived health concerns and concepts of health • Adolescent health concerns as perceived by others (health planners, youth leaders, teachers, health professionals)	• Free listings, ratings, rankings • Social mapping • Focus group discussions • In-depth interviews Secondary data • Community meetings • Key informant interviews
Content and nature of existing adolescent health policies and programmes	• National health policies relevant to adolescents • Rules and regulations affecting adolescent services (e.g. sex education, contraception, abortion) • Adolescents as target cohort in national, provincial, district or village level policies and programmes	• Health policies at various levels • Relevant rules and regulations • Documents outlining official health programmes (MOH, MOE) • Documents outlining NGO programmes • Community meetings • Key informant interviews • Observation

Adolescent health information needs	• Perceived information needs of adolescents • Adolescent information needs identified by others (health planners, youth leaders, teachers, health professionals)	Above, plus: • Review of school and non-school health education programmes • Free listings, ratings, rankings • Community meetings • Key informant interviews
Content, nature and use of existing health services for adolescents	• Types of services at various levels • Content of services (aims, human and fiscal resources, location) • Services used by adolescents and usage patterns • Perceptions of services and service needs by adolescents • Service needs as perceived by others • Population patterns of known risk	• Official health data, including usage patterns • Review of content of services • In-depth interviews • Focus group discussions • Observation
Health risks for adolescents	• Population patterns of known risk behaviours, including 'high-risk' groups • Beliefs and perceptions about risk among adolescents themselves and others	• Review of official health data at various levels • Free listings, ratings, rankings • Focus group discussions • In-depth interviews • Observation and mapping community meetings • Key informant interviews
Cultural, ethnic and geographical influences	• Cultural beliefs, customs, language use influencing health risk and health-seeking behaviours (ethnic differences) • Roles of family in health promotion (positive or negative) • Impact of geographical factors (e.g. isolation, terrain, water quality and use, natural disasters) or risk and services	• Review of census, DHS, other official data • Review of relevant publications by other organizations • Community meetings • Key informant interviews • Focus group discussions • In-depth interviews • Observation
Impact of economic status and employment	• Absolute and relative poverty for various population cohorts • Employment levels and wages for out-of-school youth • Disposable income and spending patterns for youth in different environments • Occupational health issues for adolescents	*Review of DHS and other relevant reports* *Community meeting* • Key informant interviews • Social mapping • Focus group discussions • In-depth interviews • Observation

(WHO Regional Office for the Western Pacific, 2001)

Rapid assessments for adolescent health service planning

Method	Introduction	Role and objectives
Review of secondary data	Data should be gathered from existing sources.	• To identify target adolescent population and issues • To prepare the final report (as a data source, and for providing context for background and discussion)
Free listing from target adolescent groups	All subjects should generate a list of items that come to mind in response to specific questions.	• Identifying concepts, attitudes and practices related to topics from different types of individuals • A rapid, cheap tool, useful for expanding knowledge • Can be written or dictated, if illiterate (good way to learn from shy adolescents) • Useful for stimulating group discussion for deeper exploration of issues.
Social mapping	The maps are drawn by community participants in order to develop rapport and participation. It is done by a group of five or more individuals.	• To stimulate discussion between researchers and participants • To understand the spatial view of adolescents • To collect information about behaviours, activities and their relative locations

Mapping by researchers	Mapping is carried out by researchers with the help of informants. It usually involves unstructured observations, often from walking through the study area, to become familiar with local conditions and customs. It enables the researcher to get a 'feel for the community'.	• Using informal sketches to make a visual record of relevant features of a community • Gaining familiarity with important local context and situation for the research team • Often used in combination with informal interviews
Observation	Through observation we can document what people actually do, which may be different from what they say. By making observation structured and systematic, it is possible to obtain very rich and valuable data. There are two main types of observation: *obvious* (and reactive) and *unobtrusive* (and non-reactive).	• Can observe directly what people actually do • See with 'fresh eye' aspects not visible to people living or working in the setting • Understand how organizations operate and how people perform their functions • Explain context to aid interpretation of health education programmes • Free listings, ratings, rankings • Community meetings
Focus group discussions (FGDs)	Focus group discussions (FGDs) are group discussions on a particular topic, led by a facilitator, and used for obtaining information about people's attitudes and beliefs. FGDs can supplement initial key informant interviewing (described later) and mapping activities, and are often helpful in the early phases of data collection to solicit a wide range of ideas.	• To investigate beliefs, attitudes and concepts of behaviour quickly and economically • To gather exploratory data, such as locally used terms, or local patterns of behaviour • To have direct communication with a population • To explore ideas building on group responses • To obtain feedback on proposed or existing services • Focus group discussions • Observation

In-depth interviews	In-depth interviews are two-way managed conversations used to reveal attitudes and perspectives about a topic. In-depth interviews are different each time because the direction of discussion stems from the unique responses of each interviewee. Question guides help the interviewer maintain focus and cover key issues, but are only starting points.	• To explore in detail the concepts, beliefs and attitudes of individuals • To discuss issues that may be too sensitive for FGDs • Respondents are not forced to choose from a predetermined list of answers to fixed questions, but can answer spontaneously, thus encouraging the emergence of unexpected themes and issues.
Key informant interviews	Key informants can provide detailed information and special expertise. They can also reveal the attitudes of adults towards young people. Key informants may be stakeholders or gatekeepers in adolescent health, or they may have no particular position or authority. Key informant interviews are usually semi-structured interviews, and should be conducted in person.	• To provide background information useful for refining the theme list or identifying target populations • To supplement secondary data about adolescent health and health risks • To hear about experiences working with adolescents • To shed light on the attitudes of those involved in adolescent health
Community meetings	Community meetings are structured gatherings, organized by the research team, to which are invited stakeholders (those who play key decision-making roles in adolescent health) and gatekeepers (those who can enable, or prevent, access to target communities).	• Expanding the theme list, and learning important details about local contexts • Identifying key informants for later interviews • Seeking logistical support and facilitation for fieldwork • Preventing misunderstandings or anxieties that may hinder the project

Pile sorting	Pile sorts enable items obtained from a free list to be ranked in order (for instance, in order of priority to the community) or rated on a predetermined scale. This provides deeper understanding of perceptions, and gives the community a voice in determining priorities. Pile sorting can also be used to show linkages between items, thus revealing beliefs and concepts useful for health planning.	• Understand the relative importance to individuals / communities of free-listed items • Reveal views through grouping of topics

Please refer to Appendix 3 for the implementation of RAP.

Accessibility – services are readily available

This means that adolescent services are easily available to them. Services can be offered in places where adolescents already go, like shopping malls and special clinics in youth centres. Pamphlets about such centres can be available near train stations, shopping malls and schools. Opening hours can be adjusted to include evenings or weekends, when adolescents are not at school, college or work. The centres can be decorated with attractive paintwork and posters on the walls. Cleanliness and sufficient chairs attract adolescents and promote a quiet and comfortable environment. A general adolescent health clinic can advertise its name at the entrance, while a sexually transmitted diseases clinic may want a more 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 (Hockenberry et al. 2007).

Acceptability – meets expectations of patients

This means that the service must take into consideration the cultural contexts, as well as adolescents' needs for confidential, developmental care that addresses their special health concerns. Community support for the service must also be sought. The community should have an opportunity to understand why these services are important for adolescents, and why they should include sexual and reproductive health services and confidential counselling. The services must be supported by parents and the community. Services may even be located in community settings.

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 (Hockenberry et al. 2007).

Affordability

Mechanisms for low or no-cost services must be developed because cost is a major barrier to adolescents receiving appropriate care. Adolescent health centres are advised to register as authorized care centres and obtain a license so that they can receive government subsidies or funds and decrease the charges to adolescents. As authorized care centres, they can apply for funds or subsidies from charitable bodies and commercial donations (Hockenberry et al. 2007).

Decoration

A sense of comfort and safety should be created in the centre that minimizes strangeness and makes it easy for a client to disclose sensitive information. The colour of the decor, music and lighting are essential elements (Hockenberry et al. 2007).

Technical competence

Doctors and nurses need a good knowledge of normal adolescent development and the skills to diagnose and treat common conditions, such as anemia 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 (McIntyre, 2002).

See the person, not the problem

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-judgmental 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 allow their own views to dominate the interaction (McIntyre, 2002).

Training and staff support

Technically competent and empathetic staff needs 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 to the receptionist and cleaner.

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 (McIntyre, 2002).

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. There is in most countries a legal obligation for doctors to report sexual assaults, road traffic accidents 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 (McIntyre, 2002).

Services that are acceptable to the local community

Community support for the service must be sought. The community should have an opportunity to understand why dedicated health 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 and community centres or on the street (McIntyre, 2002).

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.

Accessibility

The present system purportedly provides free access to health services utilization, but in reality it is not so. Lack of financial resources would be a barrier to using health services.

Acceptability

Fleischer, the staff of some hospitals and the community are well integrated in the prevailing socio-economic and cultural context. The fact that health personnel are very often born and brought up where they are working increases acceptance on both sides.

Quality of care

The increase in awareness and application of western practice guidelines is necessary in promoting the quality of care.

Youth participation

Adolescent involvement, so that they are

- Well informed about services and their rights,
- Encouraged to respect the rights of others,
- Active participants, and
- Involved in service assessment and provision

Community support

Community involvement and dialogue to

- Promote the value of health services,
- Ensure that the community is well informed of their existence,
- Encourage parental and community support, and
- Enhance community-based outreach and peer-to-peer services to increase coverage and accessibility.

Youth-friendly environment

Adolescent-friendly health facilities that

- Provide a safe environment at a convenient location with an appealing ambience,
- Have convenient working hours,
- Have good facilities,
- Are in a convenient location,
- Avoid stigma,
- Provide information and educational materials, and
- Offer privacy in the examination/consultation/waiting room and entrance/exit

Youth-friendly staff

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 good interpersonal and communication skills,
- are motivated and supported,
- are non-judgmental 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,
- understanding and considerate, treating each adolescent client with equal care and respect,
- can be contacted at repeat visits, and
- are competent, motivated and well supported.

Youth-friendly procedures

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,
- 'drop-ins' with prior appointment possible,
- strong linkages to other health/social service providers,
- low fees and flexibility about payment, and
- consultation with or without an appointment

Youth-friendly policies

Adolescent-friendly policies that

- fulfill 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,
- promote autonomy so that adolescents can consent to their own treatment and care (do not require parental consent), and
- ensure that services are either free or affordable by adolescents.

Effective health services

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, and
- do not carry out unnecessary procedures.

Effective health services for adolescents

- that are guided by evidence-based protocols and guidelines,
- have equipment, supplies and basic services necessary to deliver the essential care package, and
- have a process of quality improvement to create and maintain a culture of staff support.

Efficient services have

- a management information system including information on the cost of resources, and
- a system to make use of this information

Adopt from the WHO Orientation Program on Adolescent Health for Health-care Providers. Handout - New Modules. World Health Organization. Module D Adolescent Friendly Health Services

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.

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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.

VI Summary

Adolescent-friendly health services represent an approach which brings together the qualities that young people demand, with standards that have to be achieved in the delivered services in the clinic. The services should be accessible, affordable, appropriate and accountable to adolescents. 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. The services should be comprehensive enough to meet the health needs of adolescents, and delivered by high quality competent staff with effective communication skills.

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