Adolescent-friendly health services

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Background

Adolescence, the second decade of life, is a period in which an individual undergoes major physical and psychological changes. Alongside this, there are enormous changes in the person's social interactions and relationships. It is more of a phase in an individual's life than a fixed time period; a phase in which the individual is no longer a child but is not yet an adult; a time of both opportunity and risk.

Adolescence presents a window of opportunity in several ways. Health problems "carried over" from childhood could be addressed during this period. Actions could be taken to set the stage for healthy adulthood and reduce the likelihood of problems (such as heart disease) in the years that lie ahead. At the same time, it is a period of risk, often marked by such health problems as too early and unwanted pregnancies, and such behaviours as smoking that have serious immediate or longer-term consequences.

The World Health Organization (WHO), in conjunction with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) has developed a common agenda for action in adolescent health and development. This common agenda is aimed at providing a safe and supportive environment, health and counselling services (World Health Organization, United Nations Children's Fund & United Nations Population Fund, 1997)

In examining the different elements of this comprehensive approach, a useful analogy is that of a 7 year old child who needs to cross the road every day to get to school. She needs information and skills—where to look, what to look for, when to walk across and when not to do so. She needs a safe and supportive environment—a pedestrian crossing, traffic lights that work or a traffic warden in position, drivers who respect traffic rules or are punished if they do not do so. She may also need health and counselling services, if she stumbles and falls, or is struck by a vehicle.

Many individuals and institutions have important contributions to make to the health and development of adolescents. It may be useful to think of them in concentric circles of contact and influence. At the centre is the adolescent himself or herself. Parents, siblings and some other family members are in immediate contact with the adolescent and constitute the first circle. The second circle includes people in regular contact with them such as personal friends, family friends, teachers, religious leaders and others. The third circle includes musicians, film stars and sports figures, who can have a tremendous influence on them from afar. Finally in the fourth circle,

politicians, journalists and bureaucrats (within the government and private sectors) affect their lives in small and big ways, through their words and deeds.

Health workers and facilities fit within the second circle in this scheme. Clearly, they play an important role in helping ill adolescents get back to good health (by diagnosing health problems, detecting problem behaviours and managing or referring them elsewhere). They also play an important role in helping healthy adolescents stay well and develop into healthy adults, by providing information, advice and preventive services (or products). Services are provided in a range of health facilities or recognized institutions that provide health services. For example, facilities include small clinics providing a limited range of (primary level) health services to large hospital complexes providing a wide range of (tertiary level) health and social services. Health facilities may be operated by the public, private (profit-seeking) or non-profit, nongovernmental sector. They may exist as independent entities or be located within institutions providing other services to adolescents, including schools, correctional institutions and residential institutions such as youth hostels. They may also be established through social marketing programmes in shops, or provided in the community by outreach programmes. And they may be provided on a temporary basis in sites where large numbers of people are forced to live in camp-like conditions, for example in the aftermath of a natural disaster, civil strife or war.

Obstacles adolescents face in seeking care

Generally speaking, adolescents tend to be healthy and make the transition into adulthood in good health. Although they may develop some of the health problems of children, such as intestinal and respiratory infections, and others that are more prevalent in adulthood, such as anaemia and sexually transmitted infections (STIs), by and large, the illnesses of childhood have been overcome and left behind, and the diseases and disorders of older years appear far away. The feeling of invulnerability that their general good health engenders may, however, lead them to ignore or underestimate health threats, such as the adverse consequences of risky sexual activity or drug use.

Adolescents are a diverse group. For example, a boy of 12 is at a very different stage of personal development than a boy of 18. Similarly, he is different in psychological and social terms from a girl of 12, in addition to obvious physical differences. Social circumstances can also influence personal development, so that the health and development of a boy of 12 who is part of a caring middle class family are likely to be very different from those of a boy of the same age who is fending for himself on the street. Finally, even two boys of the same age, growing up in very similar circumstances may proceed through adolescence in different ways, and at different "speeds".

The sexual and reproductive health service needs of adolescents are correspondingly heterogeneous. Adolescents who are not yet sexually active have different needs from those who are; sexually active adolescents in stable, monogamous relationships may have different needs from those in more casual relationships. A different set of needs characterizes those faced with unwanted pregnancy or infection, or those who have been coerced into sex. It is important therefore for health providers to be aware of the diversity of sexual and reproductive health needs of adolescents. It is also important for them to be aware of the fact that adolescents are indeed at risk of developing health problems prevalent among adults, such as anaemia and STIs, and in some cases, may be more vulnerable than adults. For example, adolescent girls may be more susceptible than adult women to STIs for both biological and social reasons. When they acquire an infection, they are also more likely to develop long-term complications (Brabin et al., 2001). Finally, it is important to note that many health problems and problem behaviours are interlinked, such as drug use and depression, alcohol use and

injuries resulting from road traffic accidents, and undernutrition and complications in pregnancy and childbirth (World Health Organization, 1999).

Adolescents who perceive themselves to be well are unlikely to seek health care. They may seek health care at hospitals and clinics only if they are injured or suffer from conditions that are not related to sexual or reproductive health. In many cases they do not recognize that they are ill (e.g. many STIs are asymptomatic). Those who do recognize the need may not want to draw attention to themselves and may try to solve the problem themselves or turn to their friends, siblings or parents (especially girls) for help.

Even when adolescents choose to seek care, in many parts of the world, there are important barriers preventing access to care. First, in many places, health services such as emergency contraception and safe abortion are not available, either to adolescents or to adults. In many other places, where these health services are available, restrictive laws and policies may prevent them from being provided to some groups, such as unmarried adolescents. Even when laws and policies are not an obstacle, judgemental health workers may withhold services from unmarried adolescents. This means that for all practical purposes, some of the health services that adolescents need are not *available* to them.

Second, even where they are available, adolescents may not be able to obtain the health services they need for several reasons. For example, they may not know where to go; facilities may be located a long distance away from where they live, study or work, or in places that are difficult to reach; and facilities may not be open at times of the day when they can get away from their study/ work. In short, health services are not *accessible* to them.

Third, health services may be delivered in ways that adolescents perceive to be threatening or of poor quality (see for example, Senderowitz, 2000). Experience suggests that adolescents are reluctant to use available services for fear that they may be: observed by acquaintances also awaiting services; required to go through a long bureaucratic procedure before they get to see a health worker; or obliged to wait for lengthy periods before they see a health worker or obtain the health services they need. Of greater concern are their fears concerning interaction with health workers. For example, adolescents may fear that they will be humiliated by health workers who ask awkward questions or subject them to unpleasant and painful procedures, that health workers will demand the consent of parents or guardians or will not respect confidentiality. Finally, lack of affordability poses yet another obstacle to access. In short, health services are not *acceptable* to adolescents.

In summary, adolescents face a number of obstacles relating to availability, accessibility and acceptability of services.

Adolescent-friendly services

There is a growing recognition of the pressing need to overcome these obstacles, and a number of initiatives are under way in both developed and developing countries that focus on making existing health facilities more "adolescent-friendly". Based on these initiatives, there is growing evidence of what constitutes the essential elements of adolescent-friendly health services (World Health Organization, 1999). These include:

- policies that guarantee confidentiality, do not require parental consent and do not withhold services and products from adolescents;

- procedures that allow simple registration or retrieval processes, short waiting times, facilities to "drop in" without prior appointment, strong linkages to other health and social service providers, affordable services with flexible payment requirements, etc.;

- staff who are technically competent, willing to devote adequate time to clients, interested in, understanding of and considerate of adolescent

needs, able to relate to adolescents and perceived as trustworthy; a mechanism whereby adolescents may see a particular provider at repeat visits;

- an environment that is physically appealing and accessible, offering convenient working hours and location, as well as privacy in the examination or consultation room, as well as in the waiting room and entrance, and one that is not perceived as stigmatizing—for example labelled or identified as an STI clinic.

Adolescent-friendly services also require inputs from the community and from adolescent. Communities need to be well informed about and supportive of the work that is under way. At the same time, adolescents must be well informed about available services and their quality, and must be able to participate actively in the design of appropriate services.

Conclusion

Priorities in adolescent-friendly health services will undoubtedly vary according to the nature of the health services provided and the population group to be reached. For example, privacy is likely to be high on the list of concerns for an adolescent seeking treatment for a sexually transmitted infection, but it may not be an issue at all for an adolescent seeking treatment for a twisted ankle. Further, approaches that make services friendly to one group of adolescents (such as adolescent males) may not make them any friendlier—or may even make them less friendly—to another group (such as girls in their early adolescent years). In other words, although the elements listed above must be considered, the priority assigned to each will have to be tailored to meet the special needs of adolescents who are being addressed. They will also need to offer these services in ways that respect social and cultural sensitivities, yet are feasible and sustainable. Providing adolescents with services that are of good quality and are provided in a client-centred manner is an enormous and difficult task, yet one that has huge public health implications for the prevention of health problems of adolescents and their prompt detection and management.

References

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