

Adolescent Friendly Health Services



An Agenda for Change



World Health Organization

*Adolescent Friendly Health Services —
An Agenda for Change*

written for the WHO by

Peter McIntyre, Oxford, UK,

with support from

**Department of Child and Adolescent
Health and Development**, WHO Geneva,

Glen Williams, Oxford, UK, and

Siobhan Peattie, Save the Children, UK.

Designed by

Peter McIntyre and **Alison Williams**.

Cover Picture, *Girl in Chile*,

Title Page picture, *AIDS Education in*

Indonesia, back cover pictures, *School*

Lesson in Bangladesh and *Sex Education*

in Thailand, and other pictures in this

publication were provided from the WHO

Picture Library, Geneva.



WHO

WHO/FCH/CAH/02.14

© World Health Organization October 2002

Views expressed in this document do not necessarily reflect the views of the World Health Organization. Designations in this document and the presentation of the material do not imply the expression of any opinion on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delineation of its frontiers or boundaries.

The World Health Organization welcomes requests for permission to reproduce or translate their publications, in part or in full. For further information please contact The Department of Child and Adolescent Health and Development, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland. +41 22 791 3281 e-mail cah@who.int website <http://www.who.int/child-adolescent-health>

Adolescent Friendly Health Services



An Agenda for Change



Contents

An agenda for change	3
Who are adolescents ?	5
Why pay attention to the health of adolescents ?	7
What health problems do adolescents face ?	9
What health services do adolescents need ?	18
Do existing services meet the needs of adolescents ?	21
What makes health services ‘adolescent friendly’ ?	25
How are health services best delivered to adolescents ?	30
Developing adolescent friendly health services	37
Challenges and benefits	43
Country Experiences & Human Stories	
What Wahida never knew about nutrition	10
Autonomy requires dialogue and understanding	11
Early and unprotected sex within marriage	13
Pressured into having sex	14
Injecting drugs a high risk for HIV / AIDS	15
Knowledge and treatment go hand in hand	20
The nurse who prescribed blame for young patients	22
Why adolescents delay seeking treatment	23
Young people put off by high fees and lack of privacy	24
Ten minutes to promote responsible sex	26
Characteristics of adolescent friendly health services	27
You have to build trust before young people will open up	29
Adolescent friendly hospital services in Argentina	31
Naguru Teenage Centre—‘We dance to their tune’	31
Friend Corners—Thailand	32
Estonia Health Centres provide free counselling	32
Philippines—Linking street children to health centres	33
Winning community support	33
School health clinics expand services in Tunisia	34
Peer educators and teachers win the trust of parents	35
Services reach out through community counsellors	35
Linking schools to health clinics in a rural area	36
Political support	38
Going for the Gold Standard in South Africa	39
Indian hospital minimises the cost of improved services	40
Costa Rica delivers rights to adolescents	41
Rural services in Mexico	42

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. Globalisation 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.

And, 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 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.



Adolescence — for some a time of play, for some a time of work, for most a period of optimism, but for some a time of dashed hopes.

Photo: WHO

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.

This document explains why it is important that service providers address the problems of adolescents to make health services relevant and attractive. It shows how some professionals are breaking down barriers between health services and young people to enlist adolescents as champions of their own health.

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.**

‘Adolescent friendly’ health services meet the needs of young people in this age range 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 document. ■

Who are adolescents?



The World Health Organization defines adolescents as young people aged 10-19 years. There are about 1.2 billion adolescents, a fifth of the world's population, and their numbers are increasing. Four out of five live in developing countries.

Adolescence is a journey from the world of the child to the world of the adult. It is a time of physical and emotional change as the body matures and the mind becomes more questioning and independent.

The second decade of life is a period of personal development almost as rapid as the first. Ten-year-olds are still children, although many are already exposed to challenges from the adult world. By the age of 20, young people are contributing members of society, acquiring rights at a variety of ages to marry, vote, drive, have sex, fight for their country — or to go to prison.

Adolescents are no longer children, but not yet adults, and this period of change is full of paradox. Adolescents can seem old beyond their years, but need adult support. They can put themselves at risk without thinking through the

consequences; display optimism and curiosity, quickly followed by dismay and depression. Biologically, they can become mothers and fathers, without being ready for the responsibility. They feel a growing sense of independence, but depend on adults for their material needs. And as they change, so their needs change with them.

- Early adolescence (10-13) is characterised by a spurt of growth, and the beginnings of sexual maturation. Young people start to think abstractly.
- In mid-adolescence (14-15) the main physical changes are completed, while the individual develops a stronger sense of identity, and relates more strongly to his or her peer group, although families usually remain important. Thinking becomes more reflective.
- In later adolescence (16-19) the body fills out and takes its adult form, while the individual now has a distinct identity and more settled ideas and opinions.

These changes take place at a different rate for each individual and can be a period of anxiety as well as pride. Part of the challenge for health



services is to recognise that adolescents have a range of needs based on individual circumstances. Those who are especially vulnerable and hard to reach, include young people who:

- are denied the opportunity to complete their education;
- have no stable homes or support, living rough in towns and cities, exposed to risks of malnutrition, abuse, violence and disease;
- are vulnerable to sexual abuse or violence, or are sexually exploited by people who are older

Summary

- About one fifth of the world's population are adolescents, aged 10-19 years.
- The majority of adolescents live in developing countries.
- Adolescents are no longer children but not yet adults.
- Adolescents have different needs according to their stage of development and their personal circumstances.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_30325

