

SKILLED YOUTH-FRIENDLY HEALTH PROVIDERS

What Is It?

Health providers play a pivotal role in determining the type of experience that young people have in accessing contraceptive and other health services. Health providers' biases are often cited as a major barrier to sexual and reproductive health (SRH) services, but evidence shows that ongoing training of health providers on the unique needs of young people has the potential to transform services into an experience that is empowering for young people. It's more than just services, though; in the context of providing SRH services for young people, fostering empathy and supportive attitudes is just as important as enhancing providers' medical knowledge.



General SRH training for [skilled providers](#) is the basis for building youth-focused skills. However, the content of the training must be tailored with enhanced focus on attitudes and norms, and the engagement and involvement of youth.

Examples of how health providers can be youth-friendly:

- Show adolescents that they enjoy working with them.
- Counsel in private areas where they cannot be seen or overheard, ensuring confidentiality and assuring the client of confidentiality.
- Listen carefully and ask open-ended questions such as, “How can I help you?” and “What questions do you have?”
- Use simple language and avoid medical terms.
- Use terms that suit young people, avoiding terms such as “family planning,” which may seem irrelevant to those who are not married.
- Welcome partners and include them in counseling, if the client desires.
- Try to make sure that a young woman's choices are her own and that she is not pressured by her partner or her family. In particular, if she is being pressured to have sex or to not use condoms, providers should help a young woman think about, and practise, what she can say and do to resist and reduce that pressure.
- Speak without expressing judgment (say, for example, “You can” rather than “You should”), and avoid criticizing the adolescent even if the provider does not approve of what the adolescent is saying or doing. The provider should help adolescents make decisions that are in their best interest.
- Take time to address fully questions, fears and misinformation about sex, STIs and contraceptives. Many adolescents want reassurance that the changes in their bodies and their feelings are normal. Providers should be prepared to answer common questions about puberty, monthly bleeding, masturbation, night-time ejaculation and genital hygiene.

What Are the Benefits?

- Facilitates young people's access to and satisfaction with services: Health providers are human beings, and they hold a range of attitudes, values, and beliefs. For example, some health professionals believe that young women should not engage in sexual activity outside of marriage.

Others may hold beliefs that are discriminatory toward certain “non-conforming” or “non-traditional” client groups such as street-connected youth and out-of-school youth.

- Health providers may let their beliefs, values, and attitudes negatively impact their interactions with young clients—for example, omitting information that the provider feels is inappropriate, not offering certain contraceptive methods, or making young people feel judged or uncomfortable discussing their needs and circumstances honestly. In turn, these kinds of interactions may dissuade young people from returning to receive the services that they need in the future.
- Training can help providers differentiate between personal beliefs, values and attitudes and professional duties and standards, as well as raise their consciousness of young people’s sexual and reproductive rights and help to transform patriarchal norms.
- Gives higher quality SRH services to young people: When trainings address the misconceptions and biases held by health providers, the result is higher quality SRH services for young people. For example, health providers may have misconceptions about long-acting reversible contraception (LARCs), and tend toward offering short-term contraceptive methods. Training equips health providers with scientifically-accurate information about all forms of contraception, including LARCs, and their appropriateness for all age groups—which leads to greater method choice for young clients.
- Empowers health providers to be advocates for young people: Building the skills and competencies of health provider can also empower them to be advocates for young people’s sexual and reproductive health and rights (SRHR). When they better understand and empathize with young people, health providers are more likely to provide them with the services that they need and desire, and to reflect on the sexual and gender norms that impact their work.

How to Implement?

Develop or identify existing standards for youth-friendly service provision

Most health ministries and service-providing institutions have articulated the core competencies that health providers need in order to provide youth-friendly SRH services, and included them policies, strategies and/or national standards. These important reference documents ensure awareness and standardization across programs, service delivery points, and providers. If such standards do not exist and must be developed, young people or youth organizations are crucial allies in ensuring that they are youth-responsive and context-specific. The World Health Organization (WHO)’s [Core Competencies in Adolescent Health and Development for Primary Care Providers](#) includes:

Domain: Basic concepts in adolescent health and development, and effective communication

- Competency 1.1. Demonstrate an understanding of normal adolescent development, its impact on health and its implications for health care and health promotion
- Competency 1.2. Effectively interact with an adolescent client

Domain: Laws, policies and quality standards

- Competency 2.1. Apply in clinical practice the laws and policies that affect adolescent health-care provision
- Competency 2.2. Deliver services for adolescents in line with quality standards

Domain: Clinical care of adolescents with specific conditions

- Competency 3.1. Assess normal growth and pubertal development and manage disorders of growth and puberty
- Competency 3.2. Provide immunizations
- Competency 3.3. Manage common health conditions during adolescence
- Competency 3.4. Assess mental health and manage mental health problems

- Competency 3.5. Provide sexual and reproductive health care
- Competency 3.6. Provide HIV prevention, detection, management and care services
- Competency 3.7. Promote physical activity
- Competency 3.8. Assess nutritional status and manage nutrition-related disorders
- Competency 3.9. Manage chronic health conditions including disability
- Competency 3.10. Assess and manage substance use and substance use disorders
- Competency 3.11. Detect violence and provide first-line support to the victim
- Competency 3.12. Prevent and manage unintended injuries
- Competency 3.13. Detect and manage endemic diseases

In addition to these general competencies, WHO has defined an adolescent-friendly provider in its [Adolescent Friendly Health Services: An Agenda for Change](#) as one who:

- Possesses technically competent in adolescent specific areas, and offers health promotion, prevention, treatment and care relevant to each client's maturation and social circumstances;
- Has interpersonal and communication skills;
- Is motivated and supported;
- Is non-judgmental and considerate, easy to relate to and trustworthy;
- Devotes adequate time to clients or patients;
- Acts in the best interests of their clients;
- Treats all clients with equal care and respect; and
- Provides information and support to enable each adolescent to make the right free choices for his or her unique needs.

Standard 4 in WHO's [Global Standards for Quality Health-Care Services for Adolescents](#)

is provider competencies and states: "Health-care providers demonstrate the technical competence required to provide effective health services to adolescents. Both healthcare providers and support staff respect, protect and fulfill adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitude and respect." Accompanying [tools](#) help service providing institutions measure the extent to which they meet this and the other eight standards.

Examples

Example from a national governmental body: Ministry of Health, Kenya The [National Adolescent Sexual and Reproductive Health Policy \(2015\)](#) articulates the following priority actions related to enhancing the skills of health professionals:

- Build the capacity of health providers to provide SRH information to adolescents
- Enhance capacity of law enforcers and health service providers on prevention, response and mitigation of sexual gender-based violence (SGBV)
- Build capacity of health providers to provide adolescent-friendly SRH services through in service, on job training, mentorship and continuous medical education
- Support integration of ASRH training into pre-service curriculum in all medical training institutions
- Strengthen quality assurance mechanisms through continuous support supervision and mentorship at all levels to provide adolescent friendly SRH services
- Building capacity of program managers, planners and service providers on data utilization for decision-making

Example from an international nongovernmental organization: International Planned Parenthood Federation (IPPF) IPPF is a global service-providing network that has a presence in over 150 countries across the world. The IPPF publication [Provide: Strengthening youth-friendly services](#) highlights the pivotal role that health providers play in determining young people's experience in accessing SRH services, and the importance of training and capacity building. The accompanying [self-assessment tool](#) for IPPF Member Associations articulates a number of criteria for "youth-friendly" health providers, including being specially trained for adolescent-friendly service provision, being non-judgmental, and having support systems in place for ongoing capacity building and improvement.

Develop and deliver a training curriculum

Evidence indicates that training for health providers should include not only information about adolescent development and health but, also, about their rights (Evidence to Action, 2014). Trainings should also include information on the social determinants of health; in urban environments, trainings should include information on how to reach and provide services to key populations. In the absence of pre-service training on adolescent SRH, training can take place [on-the-job](#) or as standalone trainings, and be incorporated into [whole-site orientation](#).

NURHI Pilots 3 New Approaches to Overcoming Provider Biases

In an effort to help providers overcome their biases related to family planning services for young people, the Nigerian Urban Reproductive Health Initiative (NURHI) has piloted three approaches: the fishbowl approach, a values clarification exercise and videos. The [fishbowl approach](#) works by facilitating a roundtable discussion with providers and clients. The discussion starts with the clients sitting in an inside circle, with providers sitting around an outside circle. During the dialogue, only participants in the inner circle are allowed to talk. They are asked to share their experiences, including how they were treated by a provider, if they got the services they wanted, or the consequences they faced for not receiving the requested services. Then, the clients and the providers switch places, giving the providers a chance to speak about their challenges, including being overworked, having to see too many clients, or not receiving pay for several months. These dialogues have been an eye-opening experience for both clients and providers and have helped dispel misconceptions that providers are inhumane and show providers that there can be dire consequences for clients who do not receive the appropriate care.

The [values clarification exercise](#) works by having people examine their own perceptions. NURHI asks providers to agree or disagree with statements about their values and then discuss why they agree or disagree. After a group discussion, they link what people say back to the [National Family Planning / Reproductive Health Service Protocols](#) to determine the appropriate recommendations for service provision.

Finally, NURHI has developed two videos to depict client-provider interactions with young people. Given responses shared by young people themselves, the videos show interactions with a [supportive](#) and an [unsupportive](#) provider (these terms are chosen carefully, as not to dissuade providers from using the videos by deeming them as friendly or unfriendly). So far, these videos have been received positively because they allow the provider to identify and reflect on their behaviors on their own terms.

Put in place systems and resources for ongoing support for health providers

Training is necessary, but it is not sufficient to bring about behavior change in health providers. [Ongoing reinforcement](#) – including supportive supervision, job aids, and mentoring – is required to ensure that providers can meet the needs of youth, and are encouraged to be advocates for young people's SRHR.

This video demonstrates effective ways to talk to young women about long acting reversible contraceptive methods (LARCs). Also available is a [video discussion guide](#) to help program managers or health facility senior staff facilitate deeper dives into the video's key messages, including provider bias.

[HC3 | Talking about LARCs with Young Clients: A Video for Providers \(English\)](#)

[HC3 | Talking about LARCs with Young Clients: A Video for Providers \(French\)](#)

Establish monitoring, evaluation and accountability systems

Systems should be in place to collect and analyze data on health providers' competencies related to adolescent SRH. These data may be collected through regular observations, mystery clients, and client satisfaction surveys with young clients. These data should be discussed regularly with health providers to ensure quality improvement. Additionally, program implementers should develop systems for situations wherein young people's sexual and reproductive rights (SRR) have been violated by a health provider. Health providers should remain accountable to young people for the delivery of rights-based SRH services.

What Is the Evidence?

- In Nigeria, nurse/midwives trained by the Nigeria Urban Reproductive Health Initiative (NURHI) had significantly lower age bias (refusing to offer a method to a person age 15 or older) for male condoms, pills, EC, injectables, and IUDs compared to those nurse/midwives who received non-NURHI in-service family planning training and those who did not receive any training at all (NURHI, 2017).
- Evidence from urban Senegal suggests that male providers, nurses, and older staff may be more likely to apply restrictions to contraceptive access based on clients' age and/or marital status (Sidze et al., 2014).
- Despite the fact that doctors rarely interact with family planning clients, they are the main recipients of training; investment must be made in other tiers of providers in order to address provider bias as a barrier to services (Schwandt et al., 2017).
- Evaluations (Chandra-Mouli et al., 2015; Dick et al., 2006) of young people's access to services shows that competent health providers alone is not enough to increase young people's access to SRH services. Approaches to scaling up services should use four complementary approaches:
 - Providers are trained and supported to be nonjudgmental and friendly to adolescent clients
 - Health facilities are welcoming and appealing
 - Communication and outreach activities inform adolescents about services and encourage them to make use of services
 - Community members are supportive of the importance of providing health services to adolescents
- A comprehensive assessment of literature identified staff attitudes, medical competency, and communication as three of the eight domains of adolescent-friendly care defined by young people. Feeling respected by and trusting the provider were critical to young people's perception of quality of care (Ambresin, 2013).
- Evidence shows that support from managers for youth-friendly services should be consistent, and that structural factors affect sustainability; it is not enough to rely on the commitment and motivation of the health providing team (Goicoelea et al., 2017).

Helpful Tips

- Adopt a “whole clinic” approach to youth-friendly services, providing a supportive environment for health providers to adopt rights-based, youth-friendly principles.
- Ensure that institutional standards for youth-friendly service provision are aligned with international standards, such as those published by WHO, as well as human rights standards.
- Provide ongoing training and support. (One-off trainings are not effective at improving the quality of or demand for youth-friendly SRH services.)
- Provide job aids for health providers that are easy to access during or between consultations.
- Establish case management support groups for health providers to discuss cases and best practices in SRH provision to young people.
- Support a mentorship scheme in place for health providers to learn from one another.
- Integrate “values clarification and attitude transformation” components into health provider trainings, encouraging reflection on the socio-cultural biases that impact their work.
- Develop partnerships with youth-led organizations that can help monitor the youth-friendliness of providers using mystery client, focus group, or other data collection methodologies.
- Include administrative, cleaning and laboratory staff in trainings on youth-friendly services to ensure that young clients’ interactions with all staff members at service delivery points are positive.
- Identify “early adopters” of youth-friendly services and make them champions of the cause.
- Promote doing good, not just doing no harm; and support, rather than blame, health providers as they implement new practices.

Youth participation

- Ask young people for input in the development of health provider training on youth-friendly services
- Include young people as experts in health provider trainings
- Involve young people in monitoring, evaluation, and accountability mechanisms aimed at ensuring compliance with standards for health providers

Data management

- Use data on youth to inform the content of trainings for providers, including data on key youth populations
- Ensure that health providers are aware of the most salient data on youth SRH in the context

Multisectoral collaboration

- Partner with youth organizations to define key competencies for skilled health providers
- Link with training institutions that can provide ongoing and refresher trainings for staff

Challenges

- Norms related to gender and sexuality form from a very young age. Changing these norms takes generations. Health provider trainings should include reflection on these norms and the adverse health consequences that they have, particularly for young women. Trainers should engage health providers continually in critical reflection and participatory learning. Youth-adult partnership may be another way that adult health providers can learn from young people about life experiences that reflect the harmful effects of patriarchy.
- In every society, there are ideas related to what young people are and are not capable of doing. Laws and norms related to a variety of issues, including health, voting, education and sexual consent—just to name a few—coalesce to form an understanding of what it means to be a young person. Often, what it means to be young is characterized by being subordinate to adults. When young people are placed in a position of commenting on adult health providers’ competencies, there may be backlash. Health provider training should take this into consideration and raise awareness of the leadership role that young people can play in health, as well as how to enter into equal partnerships with young people.

Tools Related to This Approach

Guideline Development

- [Making Health Services Adolescent-Friendly: Developing National Quality Standards for Adolescent Friendly Health Services](#)
- [Provide: Strengthening Youth-friendly Services](#) and accompanying [self-assessment tool](#)
- [Core competencies in adolescent health and development for primary health care providers](#)
- [Global Standards for Quality Health-Care Services for Adolescents](#)

Training Packages

- [Youth-friendly Services: A Manual for Providers](#), EngenderHealth
- [Youth-friendly services for married youth: A curriculum for trainers](#), EngenderHealth (includes COPE© Self-Assessment Guides)
- [Youth-friendly Health Services Training Manual: Participant Handbook](#), Malawian Ministry of Health (intended as a five-day standalone training)
- [Orientation programme on adolescent health for health-care providers](#), WHO
- [Making Your Health Services Youth-Friendly: A Guide for Program Planners and Implementers](#) (English | French | Spanish), PSI
- [Facilitator's Guide: Training Health Providers in Youth-Friendly Health Services](#), PSI
- [Providing Reproductive Health Services to Young Married Women and First-time Parents in West Africa: A Supplemental Training Module for Facility-based Health Care Providers](#) (English | French), Pathfinder International
- [Providing Reproductive Health Services to Young Married Women and First-time Parents in West Africa: A Supplemental Training Module for Community Workers Conducting Home Visits](#) (English | French), Pathfinder International
- [Meeting the SRH Needs of First-time Parents & Young Married Women in Tanzania Training Package](#) (Swahili), Pathfinder International
- [Conducting Home Visits and Providing Counseling and Contraceptive Services to Young Women, Including First-Time Mothers in Akwa Ibom, Nigeria A Supplemental Training Module for Community Health Extension Workers](#), E2A Project

Job Aids

- [Adolescent Job Aid](#), WHO
- [CueCards for Counseling Adolescents on Contraception](#), (English | French | Portuguese | Spanish) Pathfinder International
- Talking about LARCs with Young Clients: A Video for Providers ([English](#) | [French](#)), HC3
- [Talking about LARCs with Young Clients: Video Discussion Guide](#) (English | French), HC3

References

- Ambresin et al (2013) [Assessment of Youth-Friendly Health Care: A Systematic Review of Indicators Drawn From Young People's Perspectives](#). *Journal of Adolescent Health*
- Chandra-Mouli et al (2015) [What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices](#)
- Dick et al (2006) [Review of the evidence for interventions to increase young people's use of health services in developing countries](#). WHO Technical Series Report,151-204
- Evidence to Action Project, USAID (2014) [Reaching Young First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies](#)
- Goicolea et al (2017) [Developing and sustaining adolescent-friendly health services: a multiple case study from Ecuador and Peru, \(2017\)](#)
- NURHI (2017) Impact on Adolescents and Youth Ages 15-24
- Schwandt et al (2017) [Contraceptive Service Provider Imposed Restrictions to Contraceptive Access in Urban Nigeria](#)
- Sidze et al (2014) [Young Women's Access to and Use of Contraceptives: The Role of Providers' Restrictions in Urban Senegal](#)
- USAID (2015) [High Impact Practices: Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services](#)
- World Health Organization (2015) [Core competencies in adolescent health and development for primary health care providers](#)
- World Health Organization (2017) [Global Accelerated Action for the Health of Adolescents \(AA-HA!\) Guidance to Support Country Implementation](#)

To find out more, please visit TCI University at tciurbanhealth.org.

