

Growing in Confidence

Programming for adolescent health and development



LESSONS FROM EIGHT COUNTRIES

WORLD HEALTH



ORGANIZATION

Department of Child and Adolescent Health and Development

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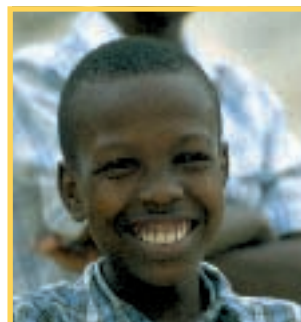


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Development



Growing in Confidence

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Lessons from eight countries

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Foreword

Showing it can be done ...

This publication is about 1.2 billion people – young people in their second decade of life. It’s about helping them through the extraordinarily challenging time of adolescence. It’s about sharing what we know works - to help them grow in confidence and to increase their chance of living a long and healthy life.

During the 1990s, WHO and its partners in health and development made a strong case for more attention and resources to be devoted to adolescents. We highlighted the problems - for example 7,000 young people become infected with HIV every day, 90,000 adolescents commit suicide every year. But we also stressed the opportunities - adolescents are a critical asset and at the centre of social development.

We know what needs to be done. We know how to do it.

We are now witnessing significant increase in programmes promoting adolescent health. Alliances have been forged which have focused attention on the problems faced by adolescents and the resources needed to combat them.

Countries are now taking adolescent health seriously. As *Growing in Confidence* demonstrates, they are developing and implementing policies and programmes from different entry points, working through a number of sectors, and being supported by a wide range of partners.

The international community has also accepted the challenge. The focus on adolescents in the UN General Assembly Special Sessions on Drugs (1998), HIV/AIDS (2001) and Children (2002) bears witness to the growing awareness and concern from governments, and their willingness to commit to effective action. And in Stockholm at the Global Consultation on Child and Adolescent Health and Development in March 2002, government leaders, health experts, NGOs, and children's advocates committed themselves to a world where adolescents enjoy the highest possible level of health.

If we are to succeed in the wider application of what we know, we need to develop stronger alliances between the public, NGOs, private and international bodies and with the adolescents themselves. Above all we must listen to their voices. We must learn and be inspired by the success stories highlighted in *Growing in Confidence*.

We know what to do. We must not allow this opportunity to evade us.



Dr Tomris Türmen
Executive Director
Family and Community Health
World Health Organization, Geneva

Growing in Confidence



Generation of hope

There are today more adolescents than at any time in history – a vibrant generation who will play a crucial role in the next period of human development. The 1.2 billion people aged 10 to 19 make up about 20% of the global population. As they progress to adulthood, these young people represent an enormous energy and potential for change.

For most young people, adolescence is a period of hope and optimism when they grow in confidence to adulthood. But it is also a time when unsuspected dangers and confusing messages dash hopes. As each young person matures sexually, physically and psychologically, many are uncertain of their role in society or what is expected from them. They have left behind the perils of early childhood, but are, in many ways, at their most vulnerable.

It is widely acknowledged that young people face challenges on a personal and collective level that go beyond those faced by their parents and grandparents, as traditions that governed how people grew up and behaved begin to change. For example, many of today's adolescents will marry at a later age. Every young person needs an

*Programming
for adolescent
health and
development*

effective strategy to survive and flourish during a period when young people experiment with adult behaviour. Without it, many are at risk from unprotected sex, and from the dangers of alcohol, tobacco or other substances. Adolescents are also at risk from violence, including sexual violence. For others, lack of nutrition during adolescence can damage the process of development. Life circumstances or lack of a supportive environment leads many into depression, which can expose adolescents to other risks, including the tragedy of suicide. This is the time when young people most need support and guidance, but is also the time when tensions or social taboos may inhibit them from communicating with their family or with other adults.

'This account shows how programmers who support adolescent health and development are growing in confidence as they engage with young people and their communities to make programmes relevant and acceptable.'

The concerns of policy makers —and of young people

Policy makers all over the world are concerned about adolescents. They understand that this generation is crucial for the futures of their countries. They see that the problems of adolescents, if not addressed, can ruin individual lives and undermine communities and national development. Policy makers look at the number of young people who leave school early, without education, skills or training. They see young people living on the streets, because they have no safe and stable home. They see an increase in those whose lives are disrupted by substance abuse, including alcohol or drugs. They note the number of young girls who become pregnant when they should still be enjoying their own childhoods. They see young people drawn into violence. They see the scourge of HIV/AIDS as a massive threat to this generation.

This justified concern should come with an understanding that adolescents are not only a future resource, but should be valued for who they are today. Adolescents may be the future, but they live in the present. Programmes aimed at helping adolescents to acquire vital knowledge and skills must therefore be relevant to their lives and their understanding today, as well as being designed to protect them for tomorrow.

Many adolescents grow up with a sense of hope and a desire for justice, but feel they inherit an unjust world where success or failure can be a lottery.

Meeting the challenge for adolescent programming

Adolescents are urged to work hard, but there may be no secure and viable employment when they grow up. They are told to be peaceful, yet grow in a world where there is conflict and war. They are told to honour their father and mother, but may find the family structure crumbling under the pressure of survival and social change. Support for adolescents is often inadequate, and many services are judgmental and unsympathetic. Often, adolescents turn their backs on services that providers believe will help them. Instead of using government health clinics, they turn to street vendors, to traditional forms of medicine or to friends.

Policy makers understand that they cannot build walls around young people to keep them safe from harm. Sooner or later, adolescents will confront the dangers in society. Instead countries are trying to build coherent programmes that help adolescents to develop the knowledge and skills to protect themselves. They are working with others to put relevant services into place, and to create a supportive environment that will encourage young people to use the services.

The policy makers who are most successful are not those who see adolescents as problems and try to constrain them, but those whose programmes help young people to find solutions. The best way for adolescents to protect their health, is to understand the world around them and interact with it successfully. Successful adolescent development is the best route to adolescent health.

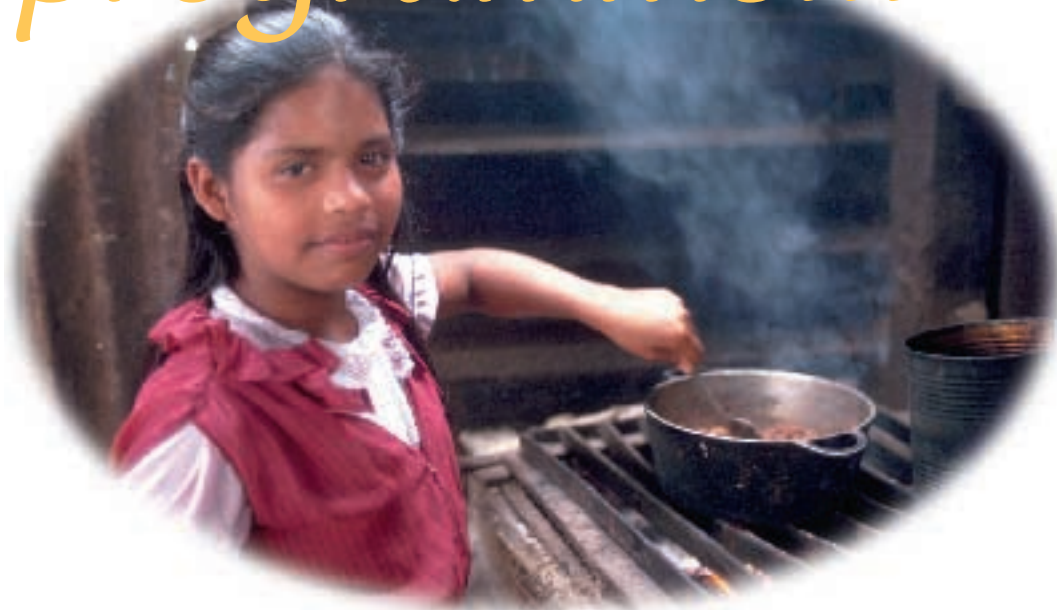
‘The best way for adolescents to protect their health, is to understand the world around them and interact with it. Successful development is the best route to adolescent health.’

Learning the lessons

This account shows how programmers who support adolescent health and development in eight countries across the world are growing in confidence as they engage with young people and their communities to make programmes relevant and acceptable. The programmes described in these pages are work in progress in the real world, complete with loose ends, contradictory trends and some unsolved problems. What they have in common is that they have learned from past efforts, failures as well as successes. And these are not isolated examples, but part of a worldwide trend. Other countries could tell the same story.

These examples show that programming for adolescent health and development is growing up fast, even in a tough economic climate for social and health programmes. With international support these programmes will reach their own maturity to help adolescents to protect themselves for generations to come. ■

A nationwide programme...



Costa Rica has a strong programme for adolescents based on a solid political, legislative and social structure. With a health care system developed over the last 50 years and success in reducing child and maternal mortality, policy makers turned their attention to adolescents more than a decade ago. The National Adolescent Health Programme (PAIA) was launched in 1989 within the national Social Security system. More recently legislation proposed by the Ministry of Health was passed to guarantee every adolescent access to free health care.

PAIA began with a strong focus on services in clinics and hospitals, with the aim of providing comprehensive services to all young people between the ages of 10 and 20. Today the focus is increasingly on developing appropriate responses from primary health care teams, and on developing a leadership of health educators from amongst adolescents themselves.

Each primary health care team, made up of a doctor, nurse and primary care worker based at a health centre, looks after the health of 4,000 people, about 800 of whom are adolescents. The primary care worker ensures that the team monitors adolescent growth and development, going out into the community and knocking on doors to make sure that nobody slips through the net.

Costa Rica

Costa Rica

Two years ago primary health care teams began to screen for psychosocial risk factors through a questionnaire. This is uncovering high levels of need for counselling, the major risk markers being depression and problems with alcohol, often amongst adolescent boys who are unable to find work.

Health centres offer counselling in relation to sexuality and sexual and reproductive health. They also host workshops to build self-esteem, including sessions on the rights of young people. Adolescents are recruited to train as peer health promoters, and some are in turn selected to represent the views of young people on divisional and national groups.

The primary health care team can refer adolescents for specialist counselling or treatment to one of ten special clinics. However, there are long waiting times, and the national priority is to improve the capacity of a primary care team to offer direct support. PAIA has started training all 30,000 health workers in counselling and adolescent issues using a variety of methods, including distance learning, to reach the whole country.

The national adolescent programme in Costa Rica seeks to provide a quality service to all young people based on a strong rights agenda. One priority is to ensure that primary health care teams provide for underserved groups –including adolescent males.

Young people are increasingly playing a more active role through peer approaches. For example, in the small northern town of Guatuso a youth group set up a postbox where adolescents could post questions. The young health peer-educators answer questions themselves or seek information from a doctor or nurse.

Surveys show that one in five births is to girls under 20, although the rate is now falling. The Department of Health takes the lead in implementing a law to support pregnant adolescents, offering a six-month skills programme before the baby is born.

Key Facts

- This is a comprehensive service covering the whole country.
- There is broad political commitment to the needs of adolescents.
- A national training programme is being implemented for health workers.
- Young people receive training to provide leadership on health.
- Costa Rica is supporting efforts to build adolescent programmes in other countries.

*...built on
respect
for young
people's
rights*



SUCCESSFUL PROGRAMMING

Successful programming is... evidence based

- ✓ Successful programming is based on data which shows, not only the main causes of illness or death, but also describes what adolescents are doing and thinking.
- ✓ Surveying the views of adolescents is a way of looking at their world through their eyes, and the beginning of a journey to involve adolescents centrally in programming.
- ✓ Finding out about the environment in which young people live is a step towards discovering risk factors and the protective factors which support healthy lifestyles.
- ✓ Finding out what young people do when they are concerned about their health turns a spotlight on gaps in existing services.
- ✓ Surveying what their parents do and think helps policy makers support families.
- ✓ Finding out about teachers' attitudes ensures that school health programmes are grounded in reality.

lessons from around the world

Costa Rica

Costa Rica

...➤ Surveys also reveal an increasing number of deaths and injuries from traffic accidents, suicide or other violence, often involving alcohol or drugs.

The school health system has been strengthened. Many school nurses are trained to offer counselling. Sexuality education has been integrated into the school curriculum. The linkages between health services and schools are being strengthened.

A telephone hot line – *Cuenta Conmigo* (Count on Me) – opened for young people in 1996. 1,500 to 2,000 adolescents call each month. Parents also call for advice about relationships with their children. The line is open at no cost to callers 15 hours a day on weekdays and 12 hours a day at weekends. *Cuenta Conmigo* is also launching an Internet service, while technical information about adolescents is available on-line for professionals and for parents – a virtual national library on adolescent health. Some districts started ‘parents school’ to help parents communicate with their adolescent children.

Dr Julieta Rodriquez, Director of the National Health Programme for Adolescents, says that primary care teams have to be creative to cope with the extra demand from young people, and the country still needs support from outside agencies such as PAHO and UNICEF. However, there is a strong national consensus that working with adolescents is a priority.

‘We have a health care system that developed over 50 years. We have advanced legislation for young people, and we are very open with young people and encourage them to participate. Because we have succeeded in other things we are able to make this a priority.’

The whole region is taking note of this adolescent health and development programme. Costa Rica is now cooperating in spreading the benefits of its approach beyond its own borders. ■

‘We are very open with young people and encourage them to participate.’

Costa Rica built a national programme based on respect for adolescent rights

An holistic approach...



Malaysia's holistic approach to adolescent health and development includes policies to promote good mental health, nutrition and sexual and reproductive health, and a programme to promote adolescent friendly health services. Programmes in schools and the community promote healthy lifestyles and aim to reduce smoking, alcohol and drug use, and to prevent injury. Treatment is increasingly delivered at clinics which meet adolescent standards for quality and confidentiality.

The national adolescent policy was launched by the Deputy Prime Minister in October 2001 to promote healthy development and to bring adolescent issues into the mainstream. The Government was prompted to take action after University research in 1994 identified *lepak* ('loafing') as a problem among adolescents. In 1996 a national survey on adolescent sexual and reproductive health by the National Population and Family Development Board showed that adolescents were engaged in risky behaviour that could jeopardize their health.

The *Rakan Muda* (Friends of Youth) programme was introduced by the Ministry of Youth and Sport, to enrol young people in clubs for sports and recreation and to encourage a healthy lifestyle. Youth development was also included in the 7th Malaysia Plan and the National Social Action Plan (PINTAS).

Malaysia Malaysia

Programming to support adolescent development is guided by policy, research findings and programme experiences. A baseline survey on protective factors and risk factors and was carried out in Terengganu State. Protective factors included good self-esteem, feeling connected to parents, and positive peer influences. Risk factors included lack of communication skills, parents who did not act as role models and friends who were getting into trouble. Risk behaviour included missing school, substance abuse and violence. The Terengganu experience was shared with other states.

School health and health promotion

Health promoting schools were introduced in October 1997 by the Ministry of Education and Ministry of Health. These schools set a broad school health policy covering the physical environment, the social environment and personal health skills. They mobilise local communities to support young people's health.

School health services screen the nutritional status of young people, and alert authorities to cases of dengue. They offer immunisation, dental health checks and treatment. They address the mental health needs of adolescents and address issues leading to violence.

The Ministry of Education, in partnership with a range of national bodies, added a sexuality module into school family life education. Staff or volunteers from the Family Planning Association of Malaysia (FPAM) deliver these lessons, where teachers lack the skills or confidence to do so. FPAM has also developed a reproductive health adolescent module to target adolescents through peer education.

The Prostar project has trained 32,000 peer educators since 1996 as a source of accurate information about HIV/AIDS in schools – information and advice for young people from young people.

Key Facts

- Malaysia aims for holistic services and an integrated approach.
- Programmes are based on evidence of risk and protective factors.
- Political leadership ensures good co-operation between government departments.
- Innovative ways of reaching young people include strong school health programmes and peer educators.
- Health services are becoming more adolescent friendly.

...to
promote
healthy
development

Health services

The Ministry of Health has launched interventions to promote self-care and provide holistic, personalised care close to home. A survey in Kota Tinggi District, one of eight target sites for improving services to adolescents, showed that young people

expect quality health services to be provided in good physical conditions and for confidentiality to be respected. Providers at local health centres set out to improve quality of care, by improving staff skills, the physical condition of the centres and the referral network. They took steps to advertise the clinics to adolescents and to provide health promotion. ...➤



SUCCESSFUL PROGRAMMING

Problems are connected — solutions must be too

- ✓ The problems that concern policymakers are interconnected. When researchers look at one risk factor they commonly find another.
- ✓ Young people who are at risk in one aspect of their lives are more likely to be at risk in another.
- ✓ Risk factors are linked to relationships with family and friends.
- ✓ Life skills and links to supportive adults provide 'protective factors' which reduce a range of risks. Research has demonstrated that solutions, as well as problems, are connected.
- ✓ Protective factors verified by research include a strong connection with at least one trusted adult, liking school and having clear boundaries and expectations.

lessons from around the world

Malaysia

Malaysia

...➤ Paramedic assistants and public health nurses started regular wellness and outpatient clinics with a visiting doctor. Adolescent attendance rose by 62% between 1997 and 1999. The most common condition for treatment is upper respiratory tract infection. Centres offer counselling as well as health promotion. Staff are developing their ability to detect hidden problems, such as depression, that adolescents do not mention when they first attend.

Taking advantage of Malaysia's *Multimedia Super Corridor*, a *Telehealth* project is being launched during 2002 using television and the Internet to offer individuals a 'wellness lifetime health plan'. Specific health plans for adolescents are being developed, covering growth and development, sexual and reproductive health, mental health, injuries and violence and nutrition. Adolescents can sign up to a web-site, www.telehealth.com.my and from June 2002, when the adolescent specific material will be posted, young people will be able to carry out an interactive health assessment on-line.

The future

The national adolescent policy took three years to develop, during which time a number of government and non-government bodies arrived at a consensus the way forward. The Ministry of Health reviewed policies for health in conjunction with the Ministries of Youth and Sport, Education, Welfare, Religious Affairs and with representatives of professional bodies.

Ministries and professional bodies are working to develop further programmes for adolescents.

The Ministry of Health takes the lead in health related issues, in developing life skills and in ensuring that hospitals, health centres and other health facilities provide a safe and supportive environment for adolescents. ■

'Staff are developing the ability to detect hidden problems that adolescents do not mention when they first attend.'

An holistic approach to health and development

Facing the challenge...



Mexican health services are mobilising families and communities across the country to take an active role in protecting the health of adolescents. Programmers believe that families and communities can help young people to become resilient –able to deal more effectively with the challenges of growing up, without being overwhelmed by set-backs. At the same time the Mexican authorities are finding innovative ways to provide services for young people who are not in school or who live in remote rural areas.

The Ministry of Health started the national adolescent programme in 1994 with an emphasis on sexual and reproductive health and on problems associated with drug addiction and substance abuse. Adolescents have free access to health care both at the primary level and in hospitals. Each of the 240 health authorities in Mexico has established at least one specialist adolescent clinic.

A major strategy to increase coverage, particularly amongst younger adolescents, is to deliver services and health promotion through schools. This service monitors the health and development of 10-19 year-olds, provides vaccination and offers folic acid supplements to girls. Issues connected with sexual and reproductive health and substance use have been included in the curriculum.

Mexico

Mexico

The school health service and the national network of adolescent friendly health centres helped to reduce birth rates among 15-19 year-old girls by more than 17% between 1990 and 2000. Although birth rates fell, an evaluation showed that adolescents still had limited knowledge about sexual and reproductive health. Moreover, the network of clinics was reaching only 7% of the adolescent population, mainly because many of the 22 million adolescents live in remote rural areas and only 60% are in school.

In 1997 the programme IMSS-Solidaridad introduced *CARA (Rural Health Centres for Adolescents)* to bridge the gap in rural areas. These primary health care services concentrate on meeting adolescent needs for information, counselling, health education and self-care. It is estimated that CARA now reaches more than five million rural adolescents. In addition, health education material has been added to the informal education programmes that target people in rural areas through TV and radio.

In each of the 32 states, religious groups, scouts, sports groups and others who have an interest in adolescent development are being brought into the programme. For example, sports coaches are being trained to counsel young people. Many adolescents turn to their coaches for advice and this is an effective way of reaching the huge number of boys who play soccer, baseball and basketball. One important aim is also to increase the number of girls who play sport regularly.

The migrant population poses a special challenge for the health system –60% of the three million people who leave Mexico each year are under the age of 20. A *MAIS* ‘go healthy’ campaign was launched in 10 states to offer health checks. The campaign also works with providers in the United States to reach Mexican migrants who need health care.

Key Facts

- Mexico is mobilising families and communities to protect adolescents.
- Adolescents have the right to free health care.
- The school health service monitors development.
- One special programme is targeted on adolescents in rural areas.
- Health screening and health promotion is also targeted on 1.8 million people under the age of 20 who leave Mexico each year.

...of
reaching
the hard
to reach



SUCCESSFUL PROGRAMMING

Strong political leadership needed to support multi sectoral programmes

- ✓ Sustainable programmes have high level political commitment to overcome problems and to ensure adequate resources.
- ✓ Political leadership and media support helps to create public backing for programmes.
- ✓ Many countries demonstrate a link between political commitment in the office of the President or Prime Minister and a legislative framework that supports young people and programmes.
- ✓ National leadership is needed to bring government departments, other national bodies and non-government organizations together, to overcome bureaucracy and to find ways of reaching a consensus.

lessons from around the world

Mexico

Mexico

...➤ Health programmes for the national strategy are being designed to meet needs identified in epidemiological data from Mexican institutions. Services for sexual and reproductive health will include information, skills and counselling. The national programme will also be directed at a broad range of health issues, including high levels of violence and at specific medical problems.

One initiative is to offer early treatment to adolescents who develop leukaemia and other cancers, where early diagnosis makes a significant difference to the chances of a successful treatment.

Young people themselves will also play a greater role in communicating with their peers and in helping the authorities to plan services. Across the country 60 focus groups of adolescents discuss health issues and feed their views into the planning process. Regional and national groups of adolescents raise the level of participation.

The major challenge is to expand the programme to reach adolescents over the whole country. Nationally in Mexico over \$1,500 a year is invested per child up to the age of 9, while investment in health and social welfare falls to \$30 a year between the ages of 10 and 19. There is a short term commitment to raise the amount allocated for adolescents, and a long term aim to allocate the same amount as for younger children.

Dr Juan Pablo Villa Barragan, Director of Human Development for the Ministry of Health, says that adolescent programmes must involve the whole community. "You cannot wait for people to come to the services. The services must go to the people. The people are taking responsibility for caring about the health of adolescents. The family group is still very important in Mexico and the family can protect adolescents." ■

'The family group is still very important in Mexico and the family can protect adolescents.'

Meeting the challenge of reaching the hard to reach

Supporting adolescents...



The Philippines has one of the fastest growing and youngest populations in the Western Pacific and is making strenuous efforts to protect its young people from threats to healthy development. Although death and disease is lower in the adolescent age group than for young children or for old people, many deaths in this age group are avoidable. There are warning signs that poor nutrition could cause serious health problems in later life. A third of adolescents are underweight for their age, and there is a high level of anaemia and goitre.

Social problems, including a rising wave of drug use, smoking and alcohol use, are ringing alarm bells. There is a high level of violence and sexual abuse, most of it directed at young girls between the ages of 11 and 17. Accidents and violence are the largest cause of death in the adolescent age group.

Although survey figures vary, about a fifth of adolescents say they have had premarital sex, often unprotected. Adolescent girls account for one in six abortions, while sexually transmitted infections and HIV/AIDS are a national concern. Yet the surveys suggest that many adolescents who fear they have sexually transmitted diseases go to unqualified traditional healers or to drug hawkers without proper diagnosis.

The Philippines

The Philippines

The Philippines has adopted laws to protect the rights of children and adolescents. The President of the Philippines is active nationally and internationally in leading campaigns against the sexual exploitation of children and young people.

Now the Department of Health has launched an Adolescent and Youth Health and Development Programme, a ten-year strategic plan aimed at reducing the risks for young people and protecting their health. The plan will involve adolescents in campaigning for their own rights, including those of survival, development and participation.

The Department of Health has adopted a twin-track approach to promoting healthy development among young adults. The first is to support adolescents to develop coping skills and positive values and to try to create a safe and supportive environment in which they can grow.

The second is to provide high quality gender sensitive health information and services. Health staff will be trained in providing a respectful and sympathetic service to young people. The plan aims to ensure that 70% of health facilities will, by 2004, provide basic health services and counselling for adolescents and youth.

The health and development programme will target young people in and out of school. It will pay particular attention to those who are at most risk, including young people exploited in the sex industry, and adolescents living on the margins of society.

The programme is strongly based on research findings. A survey in 1997 confirmed an increasing rate of unwanted teenage pregnancies, substance abuse, violence and STDs. It showed that young people were hesitant about using health facilities because they did not feel that they were intended for their age group.

Key Facts

- The Philippines has adopted laws to protect young people from sexual exploitation.
- The Department of Health has launched a programme aimed at reducing risks.
- It supports young people to develop skills and aims to create a supportive environment.
- Youth health centres are being developed at hospitals.
- 'One stop' youth centres will open in schools and shopping malls.

*...to
develop
coping
skills*



SUCCESSFUL PROGRAMMING

The involvement of young people is crucial

- ✓ Successful programmes build the skills and self-confidence of young people, treating them as partners and taking their views seriously, trying to see how the world looks through their eyes.
- ✓ Adolescent friendly health services are sensitive to the feelings of young people. Peer to peer approaches promote the abilities of adolescents. Programmes that involve young people in design and planning are more likely to be relevant and to gain legitimacy.
- ✓ Broad participation by adolescents makes it more likely that programmes reach young people of both sexes and include minority ethnic groups.

lessons from around the world

The Philippines

The Philippines

...➤ The process of drawing up the health and development programme involved extensive collaboration by the Department of Health with other agencies focusing on aspects of adolescent development. Agencies include the National Youth Commission, based in the office of the President, as well as Departments of Education, Labour and Employment, Local Government and Social Welfare. The process drew in the Commission on Population and other specialist organisations, including WHO.

Doctors and nurses in 50 government hospitals will be trained in adolescent friendly skills. They will then pass on these skills to health workers in all 16 regions of the Philippines.

If given enough financial and human resources, youth health centres will be developed at hospitals, separated from other hospital departments. A young health care provider will provide basic services and will be able to call on specialists for medical services if necessary.

'One stop shop' adolescent and youth centres will also open in schools and shopping malls where a professional health care giver can offer services and counselling. Some reproductive health units will open at local barangay (parish) level to give basic services and to help adolescents access other health services.

Dr Debbie Capuchino, medical specialist in the Department of Health, says that training health workers to be adolescent friendly is vital. "Health providers must be patient, understanding, and empathetic and get to the level of adolescents. We want the adolescents to be empowered to improve their health seeking behaviour. There is more emphasis on information and skills and less on clinical issues. I am really very optimistic." ■

'Health providers must be patient and empathetic to get to the level of adolescents.'

'One stop shop' centres open in schools & shopping malls

Breaking down the barriers ...



South Africa looks to the future of its young people as the first post-apartheid generation rapidly approaches adolescence. A huge collective effort is under way to address the problems bequeathed by generations of poverty, unequal development and political oppression. In a country where the majority population for so long had no say its future, young people are learning they have a real choice in determining what happens to them as individuals and as a society.

The 8.8 million adolescents have many obstacles to overcome: sexually transmitted infections, especially HIV/AIDS, sexual abuse, physical violence, accidents and substance abuse. Sexual activity often starts in the mid-teens, but knowledge of reproductive and sexual information remains low. By the age of 20, one in three girls in South Africa has had a baby. HIV is estimated to be infecting 1,500 people a day, half of whom are young people.

The Department of Health developed policy guidelines for youth and adolescent health after extensive consultation with the young people. The national guidelines seek to open public discussion on areas of life that were taboo, and increase dialogue and understanding between generations and sexes.

South Africa

South Africa

Many programmes are partnerships between the Government of South Africa, which sets national policy, and NGOs which help to implement it.

One example is *Soul City*, a combination of prime time TV, multi language radio shows and easy to read booklets. *Soul City* integrates health and development issues into a lively and popular drama. Launched in 1994, *Soul City* is in its fifth season of programmes with a sixth in production. Evaluation shows that series four reached more than 16.2 million South Africans, two thirds of whom were between the ages of 16 and 24.

Soul City makes information on health issues popular and accessible, and encourages its audience to make healthy choices, both as individuals and as communities. As it entertains, *Soul City* encourages them to reflect on their own attitudes and behaviour, leaving them with a sense that they have a choice in determining their behaviour and the impact it has on their lives and those of others. *Soul City* also influences social attitudes to violence, HIV, 'sugar daddies' and other issues.

Soul City has played a major role in increasing accurate knowledge about HIV/AIDS, in stimulating dialogue and in shifting people's attitudes. It has been influential in reducing resistance to condom use among young people and in raising public debate over violence against girls and women. The latest story lines include the care and support of people living with HIV/AIDS and the impact of rape on victims.

South Africa is also the home of *loveLife*, a nationwide effort to influence adolescent sexual behaviour. This broad based campaign uses media and popular culture to advocate a new lifestyle for young people based on informed choice, shared responsibility and positive sexuality. *loveLife* argues that young people can shape their futures by adopting positive lifestyles

Key Facts

- The first post apartheid generation is nearing adolescence.
- They face many problems, but public debate is now more open.
- Young people are being taught that society and individuals can make choices.
- Mass media help change attitudes to positive and negative behaviour.
- Adolescent friendly health services are being promoted.

...for a
'talk
about
it'
culture



SUCCESSFUL PROGRAMMING

Many components — one common purpose

- ✓ Successful programmers address a range of interventions targeted at the broader community as well as on adolescents.
- ✓ Most address more than one audience —a programme directed to adolescents may also have a component to address the concerns of their families.
- ✓ Effective programming is coordinated to make good use of resources. Preventing behaviour that leads to key public health problems involves the same actors, the same interventions and the same settings.
- ✓ There is no ‘magic bullet’ solution for adolescents.
 - Information is essential, but young people need to develop skills to find and use information that is relevant to their lives.
 - Life skills are crucial, but may not be enough if a young person needs treatment that is not available.
 - Services are vital, but only those services that are sympathetic to adolescents and acceptable to their communities are truly accessible.

All these components are necessary if adolescents are to learn about risks, to know what support is available and how to access it, and to be able to access it.

lessons from around the world

South Africa

South Africa

...➤ based on informed choices, by sharing responsibilities in relationships and through a healthy approach to sexuality. The *loveLife* tagline ‘talk about it’ aims to get South Africans, particularly 12-17 year-olds, talking more openly about their attitudes to sexual behaviour.

loveLife, implemented through a consortium of NGOs working in conjunction with the Government, supports telephone hotlines for young people and for parents, and a network of youth centres for sports and leisure where 18-25 year-old volunteers provide counselling services.

Adolescent friendly sexual health services are one vital element. The Department of Health and *loveLife* launched the National Adolescent Friendly Clinic Initiative (NAFCI) in South Africa to make health services more acceptable to adolescents. Clinics sign up to a *Going for Gold* programme under which they assess themselves against a range of adolescent friendly criteria. To meet the standards staff must have the skills and knowledge to manage common sexual and reproductive problems, agree to treat adolescents with dignity and respect and provide non-judgmental counselling.

Clinics must open when young people want to use them, provide accurate information that is appealing to young people and include adolescents in planning and developing services. They must offer adolescents a package of services and meet guidelines for ongoing care and support. *Going for Gold* clinics support the rights of adolescents and have effective staff training programmes.

Soul City, *loveLife* and the National Adolescent Friendly Clinic Initiative will not by themselves resolve the health and development problems that young people face in South Africa. However, they represent a concerted effort by government, by NGOs and by communities to address urgent and pressing issues effecting the youth of the country. Through mass media and popular culture, these programmes are opening a public discussion and changing the cultural climate in which it takes place. ■

‘Staff must have skills and knowledge and agree to treat adolescents with dignity and respect.’

Mass media & popular culture are opening a public discussion

Peer educators put life skills to the test



Tanzania will discover this year whether a community based drive to help young people protect themselves against HIV/AIDS, other sexually transmitted diseases and unwanted pregnancy has succeeded. It is already clear that *MEMA kwa Vijana* (Good things for young people) has succeeded in raising the knowledge and awareness of adolescents and is well accepted by parents and the local community. The project is making local health facilities more friendly and welcoming to young people.

MEMA kwa Vijana is run by local education and health services with support to make this an effective research trial. It has so far included more than 20,000 adolescents aged 12 years and above and will expand in January 2003 to take in more villages and schools if the results are positive.

MEMA Kwa Vijana was launched in January 1999 in 62 primary schools and their surrounding villages and health centres in rural Mwanza to bridge the gap between what was expected of young people and the reality of what was happening. In theory, young people abstain from sex until they are married. In fact, many become sexually active by the time they are 15. In school, young people were told about abstinence, but could see that many adults have sexual relationships outside marriage.

United Republic of Tanzania

United Republic of Tanzania

Parents find it difficult to talk to their children frankly about sex. Negative pressure in the community was applied not so much to sexual activity, but more to the use of condoms. Many girls left school early because they were pregnant.

The project has a number of complementary strands. It trained three teachers in each school to teach about sexual and reproductive health, and how the students could keep themselves safe, and also developed teaching aids. Six students in each class were trained as peer educators, able to advise fellow pupils and act in short dramas to start discussions within sessions. The main benefits often emerge through informal discussions between peer educators and classmates.

The first peer educators were trained by trainers from the local community but as the project developed teachers took over this training role. More than 1,800 peer educators were trained over a three year period.

MEMA kwa Vijana clubs started at each school. In some schools members meet regularly and hold special activities and discussions. At other schools the main focus for club activity is *MEMA kwa Vijana week*, when young people perform drama, songs and rap and take part in games and competitions against other schools.

When the MEMA project began some parents were shocked, believing that their children were being 'taught how to have sex'. Over time, opinions changed. The project is welcome in the community, lessons are popular with the students and class peer educators have respect and status. Parents are relieved that teachers are talking to young people about sensitive issues that they themselves find difficult to raise. An annual test carried out by the schools has shown that adolescent knowledge has increased significantly.

Key Facts

- Young people in Tanzania are trying to reduce HIV/AIDS, sexually transmitted infections, and unwanted pregnancies.
- School teachers train pupils as class peer educators.
- MEMA kwa Vijana clubs create ways to spread information about staying safe.
- Health providers are trained to be more friendly to adolescents.
- The impact of this project will be known later this year.

Parents
back
sexuality
education
in schools



SUCCESSFUL PROGRAMMING

Capable of 'going to scale'

- ✓ Countries wish to address the needs of millions of young people. They need to go beyond small-scale exemplary projects that work well for small numbers of people. Because of cost, it is usually unclear how such projects can expand.
- ✓ The examples highlighted in these pages are either large scale programmes or have a clear pathway to expansion, the ability to 'go to scale'.
- ✓ In all cases the programmes are run by or engage with government. Where programmes are run by NGOs these are jointly planned with government services and fit in with government policies and strategic planning.
- ✓ Small 'beacon' projects play a positive role in pioneering innovative ways of working, but are not themselves the solution for large populations.
- ✓ Most individual projects last a maximum of five years. Adolescents need national programmes that will survive and adapt to the emerging needs of generations of adolescents over decades. Only government services have the capacity to spread good practice countrywide.

lessons from around the world

United Republic of Tanzania

United Republic of Tanzania

➤ The project is also active outside the school setting. Workers at health facilities have been trained in adolescent friendly techniques, including the creation of a confidential area where young people can be seen. An informal network has developed to sell affordable condoms in villages.

In December 2000, young 'simulated patients' went to health facilities and asked for help, secretly tape recording the outcome. Although privacy, waiting times and provision of supplies were still problems, staff in the intervention facilities were much more friendly and non-judgemental.

The unique feature of *MEMA kwa Vijana* is that it will rigorously test whether it meets its aims, measuring levels of knowledge, attitude and sexual behaviour among 5,000 young people in the project area and another 5,000 in villages where the project has not intervened. Researchers will test for HIV, chlamydia, gonorrhoea, syphilis, genital herpes and trichomonas. They will test adolescent girls for pregnancy and record the drop-out rate of girls from school.

This study will evaluate whether improving knowledge and skills delays the onset of sexual experience, decreases risk behaviour and reduces HIV, other STIs and unwanted pregnancies.

The *MEMA kwa Vijana project* is a partnership between the Government of Tanzania, The African Medical and Research Foundation, the London School of Hygiene and Tropical Medicine and the Tanzanian National Institute for Medical Research.

Government staff implement the programme as a routine part of education and health systems. Project material is based on the curriculum of the Tanzanian Ministry of Education and Culture and the policies of the Ministry of the Health and National AIDS Control Programme. In 2003, the project will expand to villages that were used as control during the trial phase. ■

'The study will evaluate whether knowledge and skills delay the onset of sexual experience, and reduce STIs and unwanted pregnancies.'

*Mema
kwa
Vijana
trains
teachers
and peer
educators*

Survey will set a baseline



Thailand has a range of programmes in place that reach millions of young people in schools, hospitals and the community. The focus today is on improving the quality of what is being done and in discovering as much as possible about the skills and competencies of young people. The results of a ground breaking national survey on protective factors and life skills will be published later this year, and the findings are likely to be useful across the whole region.

National concern over the number of young people who face serious health and social problems brought together the Ministries of the Interior, Education and Public Health. One priority action for the Department of Health was to tackle the problems of reproductive health. A national survey showed that almost half of boys and between a 23% and 37% of girls have had sex by the age of 18. This survey included married as well as unmarried young people, but it showed that the average age of first sex is falling, and that more than half of first time sex is unprotected. Young people make up a third of those who acquire sexually transmitted infections, and one in eight of those who are infected with HIV.

In 1998 the Department of Health introduced the concept of the Health Promoting School to help children to make decisions and gain

Thailand

Thailand

control over circumstances that affect their health. More than 10,000 schools (a third of the schools in the country) are now taking part and 30% of these have met the national criteria.

In 2001 a working team of health specialists submitted guidelines for sex education in schools to the Ministry of Education. As a result, Family Life Education has been integrated into school health education. The Department of Health developed a teaching manual on sex education to help teachers to overcome their shyness in dealing with this topic, and to encourage two way communication with young people. A regional network of trainers begins training teachers this year.

A life skills programme for AIDS prevention has been implemented. Regional health staff are training teachers and health workers to deliver this to young people, focusing on the skills needed to prevent HIV infection and to promote safe and responsible sex. Material is targeted at 11-20 year-olds in school, and to young people who are not in school, through the informal education system. At least one teacher has already been trained in half of the 34,000 schools in the country, giving five million children access to one sex education lesson a week.

In November 2001, several thousand young people aged 10-18 across the country took part in a national survey to measure protective factors, such as connectedness with parents and other family factors. The survey also measured life skills under 12 headings, including self-esteem, social responsibility, coping with stress, effective communication, relationships, critical thinking and problem solving.

The results of the survey, available later this year, will set a base line against which to measure changes in young people' life skills.

Key Facts

- Programmes reach young people in school and in the community.
- Teachers are being trained to deliver life skills to prevent HIV infection and promote safe and responsible sex.
- A national survey will set a baseline for protective factors, including life skills.
- Hospitals are introducing youth friendly services.
- Friend Corners in the community draw young people into contact with services

*...for
skills of
young
people*



SUCCESSFUL PROGRAMMING

Use existing resources and train existing staff

- ✓ Shedding light on the critical role that adolescents play in a country's development makes a strong case for increased resources.
- ✓ Although additional resources are indeed needed, the main resources already exist.
- ✓ Existing health staff can be trained to become adolescent friendly; existing teachers can be shown how to educate adolescents about reproductive health; existing community based staff can re-focus their work to engage with young people.
- ✓ Some specially created posts may be necessary as catalysts and to set the standard for training. However, it is more cost-effective to train existing staff than to start again from scratch.
- ✓ Training and support will give staff who enjoy working with young people a new sense of mission and accomplishment.

lessons from around the world

Thailand

Thailand

Health services & Friend Corners

The Ministry of Public Health began to introduce Health Promoting Hospitals in 1998 to make health services more user-friendly. There are now 350 such hospitals, committed to health promotion and responding to local communities. A number have begun to introduce youth friendly health services.

The Department of Health has adopted an outreach approach and in 2001 began to introduce *Friend Corners* in local shopping malls and community housing areas in 24 provinces. Another 24 provinces will join the initiative this year.

Friend Corners are open outside school and college hours and are designed for all youth, not only those with problems. The first point of contact for adolescents coming to a Corner will be with other young people trained as peer counsellors. Health staff are also on hand to provide counselling, basic primary care or referral to specialized services as necessary.

The *Friend Corner* concept is being popularized through a series of promotional activities. The Department of Health won an award for its *Friend Corner* web site which includes music and fashion as well as health information.

Dr Suwanna Warakamin, Director of the Family Planning and Population Division in the Department of Public Health, said that the *Friend Corner* approach would break down barriers.

“We tried for more than ten years to bring young people into the reproductive health service but it never happened. Now the first line of contact is with adolescents themselves. This should be the entry point, which will then bring adolescents into the government health services. I hope that *Friend Corner* will work, because youth are the future of the world. Whatever kind of future you want, you cannot create it without them.” ■

‘Youth are the
future
of the
world.
Whatever
future you
want, you
cannot create it
without them.’

*Friend
Corner
attracts
youth
to use
government
services*

Network of centres for students...



Tunisia has a long tradition of school health services and a network of family planning clinics across the country. In 1990 the School and University Medicine Service was given lead responsibility for adolescent health in the country. Doctors and nurses at 2,000 health centres deliver services to 9,000 schools and colleges, (almost 2,000 of which include adolescents on their rolls). They monitor young people's health, provide immunization, advise on nutrition and personal hygiene and monitor healthy growth and development.

This service has revealed some of the hidden pressures on young people, who often did not seek help when they were worried. Girls who became pregnant were silent about their condition until the third month of their pregnancy, beyond the limit of legal termination. Depressed young people would not seek help, but an increasing number were attempting suicide. Another indication of depression came from students asking to be excused from their studies on medical grounds.

Tunisia was part of a multi-country research project, supported by WHO, to investigate how accessible adolescents in schools and colleges find sexual and reproductive health services, and how they use them. The research reveals that most adolescents go to private clinics, or do not use any services at all.

Tunisia

Tunisia

Family planning services in Tunisia were designed to meet the needs of married couples, but there is a trend towards much later marriage and the sensitivities and needs of the younger sexually active age group were different. Of the small number of young people who came for consultations, some had had unprotected sex.

Pressure for change came from young people themselves. A three-year programme to improve their knowledge about sex showed that information on its own was not enough. Young people needed skills and support to find and to use the information. Above all they needed appropriate services at critical moments.

The student health service set out to increase contact between students and health services. For three years, doctors and nurses have set aside a day a week to see students, offering them counselling, advice and information and referring them for specialized counselling or treatment if necessary. A reproductive health service was included for the first time, supported by midwives and gynaecologists from the student health centres.

This approach is based on the principal that young people most often need information and the opportunity to discuss their situation with a trained health professional who will listen to their concerns. When necessary, prevention and other services are available nearby.

The programme involves close collaboration between the National Office of Family Planning and Population, the Student Health Service, and with NGOs such as Jeunes Médecins Sans Frontières, the Tunisian Association of Family Planning and the Scouts.

Today in Tunisia, every major town has several health centres, a family planning centre and a centre for student health, offering specialist services increasingly designed for students and for single people.

Key Facts

- Tunisia has a well established network of student health services.
- These reveal hidden pressures on young people.
- School health services offer information and counselling on sexual and reproductive health.
- More adolescents now use the service.
- The major change has been to improve the welcome from health providers, to reach out to young people.

*...in
school
or in
college*



SUCCESSFUL PROGRAMMING

Address the broader community

- ✓ Young people need a supportive environment in which to grow and develop.
- ✓ Successful programmes have an element that addresses the beliefs and concerns of parents or the wider community, or which opens up communication between the generations.
- ✓ These efforts strengthen the role that parents and older community members can play in providing guidance and stability for adolescents.
- ✓ They create space for adolescents to articulate their own concerns and needs.
- ✓ Programmes that are acceptable to communities are more accessible to young people who want to use them.
- ✓ Health care providers, teachers, religious leaders and other crucial adults are part of the wider community. They are better able to deliver programmes that they believe in, and which have high levels of public support.
- ✓ Without community support, adolescent health and development is subject to sudden changes in policy, and likely to remain marginal.

lessons from around the world

Tunisia

Tunisia

...➤ The Medical Director of the Bardo Centre for Family Planning in Tunis, is responsible for implementing national policy on reproductive health in the capital city. The Bardo Centre was for married couples, but since January 2000 includes a free information service for students and single people.

A social worker greets young people. She is skilled at helping them to discuss problems, and if necessary, she offers counselling or accompanies them to their first consultation with the doctor or midwife.

As this service becomes better known, more young people use it. In the year 2000, 436 young people used the Bardo service. This doubled to 915 young people in 2001, and the early indications are that 2002 will see another increase in excess of 40%.

Although some extra resources were necessary to develop youth services in Tunisia, the major change has been to improve the welcome from health staff. Staff reach out beyond the clinical setting to offer services to schools and colleges. There has been a willingness to change to meet the needs of young people, and to train school health teams.

The family planning programme includes a peer education scheme. Research is now needed to distinguish the different needs and behaviour of adolescents at different ages and in different conditions. This will enable information, skills and services to be targeted on adolescents who are not in school or colleges and who outside the system.

The Medical Director of Student Health in Tunisia is optimistic. "We are offering a service that is responding to the needs of adolescents. As the centres are free there are no barriers to students using them. Young people are already accustomed to going to these centres for their other health needs, so it is easier for them to take concerns over reproductive health there." ■

'We are a service responding to the needs of adolescents. There are no barriers to students using them.'

The major change was the welcome from health staff

SUCCESSFUL PROGRAMMING

Completing the journey

Many countries –not only those featured in these pages –are on a journey of discovery, finding out what works for adolescent health and development.

Not all of the problems are yet resolved –this remains an area of work where programmers still have a lot to learn. However, countries are indeed growing in confidence and they find common denominators for success.

- ✓ They base programmes on a clear understanding of the problems faced by adolescents.
- ✓ They adopt a multi-sector, multi-disciplinary approach, understanding that there is no single solution.
- ✓ They pay attention to how, when and where services are provided, and they ensure that programmes are acceptable to young people and to communities.
- ✓ They pay attention to the social environment in which young people grow and respect cultural values. However, they also challenge social customs which limit the ability of adolescents to develop successfully.
- ✓ Many programmes monitor outcomes to demonstrate that what they do makes a real difference.
- ✓ National programmes demonstrate that a network of complementary services can support adolescents to protect their health and to find solutions to problems.
- ✓ Health workers who find that their services are used and appreciated; teachers who develop respect amongst students; peer educators who raise their own self-confidence; they all feed off success and want to continue their work.

lessons from around the world

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