



Are health services adolescent friendly in Greece and worldwide?

A brief report

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ABSTRACT

Purpose: Adolescent health services are important for adolescent health. The present article aims to highlight disadvantages and advantages of those services that will be a precursor for more extensive studies and the improvement of all health services in Greece and in other countries, worldwide.

Method: We collected and analyzed a total of 15 surveys, including 1 meta-ethnography, 3 systematic reviews, 3 clinical randomized trials, 5 cross-sectional studies and 3 reviews, which were performed in countries of 5 continents (Asia, America, Africa, Europe and Oceania). During the analysis of the studies on the friendliness of health services, conclusions were drawn on the accessibility and utilization of these services.

Results: Greece seems to have few specialized services for adolescents, most of them being insufficient to meet the WHO criteria. In Europe, several countries have adopted friendly policies, but on a practical level there is a need for more complete compliance with the criteria. Finally, in Asian and African countries, there are many health services for adolescents, but there is a need to enhance the quality of reproductive and sexual services for the treatment and prevention of adolescents of all genders and sexual orientations.

Conclusion: Further research on the provision of friendly services for adolescents, mainly in European countries is needed, as well as upgrading the quality of services provided in low-income countries. Also, there is a great need for a standardized tool to be developed, which will be able to assess the friendliness of health services.

Key Words: *youth-friendly, adolescent friendly, health services, worldwide, Greece, WHO*

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INTRODUCTION

Adolescents make up 1/6 of the world's population (1). According to WHO, adolescence is the period between 11-19 years, but APA defines adolescence as the period of life from 11 to 21 years. This is a transitional period that lies between childhood and adulthood (2). At the same time, adolescents face diseases and accidents at a rate of 6%. In 2015, about 1.2 million adolescents between the ages of 10 and 19 lost their lives, most of them from low-income countries (1).

For the Constitution of the World Health Organization, the highest possible level of health is considered a fundamental right of every human being (3). Every adolescent has the right to the provision of health services, with the aim of fulfilling a complete physical, mental and social well-being. Adolescents around the world may face many health problems, that need specialization and care (5).

Health services are defined as the services provided by health providers (e.g. doctors, psychologists, etc) to a patient, with the aim of preventing, diagnosing and treating their health problems (4).

The World Health Organization has established some very specific criteria that contribute to the friendly way of operation of health care services for adolescents all over the world. So, youth friendly are called the health services, which are: accessible, acceptable, equitable, appropriate and effective (6).

METHODS

A research algorithm was created in order to extract data on the quality of friendly services in Greece and worldwide. For the search three scientific databases (PubMed, Google Scholar and Scopus) were used. The main inclusion criteria were: a) age group: adolescence, b) geographical factor: Greece and worldwide, c) type of study: cross-sectional, evaluations, randomized clinical trials, systematic reviews and meta-analyses and d) language: Greek and English. In the end the authors collected and analyzed a total of 15 surveys, of which 1 meta-ethnography, 3 systematic reviews, 3 clinical randomized trials, 5 cross-sectional studies and 3 reviews, which were implemented in countries of 5 continents (Asia, America, Africa, Europe and Oceania). During the analysis of the studies on the friendliness of health services, conclusions were drawn on the accessibility and utilization of these services.

RESULTS

Greece

Many recent studies have focused on the friendliness of adolescent youth health services (Table 1). While there has been much research on how youth services can be friendly, few researchers have taken into consideration on how to make them more friendly and accessible.

Greek data on adolescent friendly services are very limited. After some research in the literature, a few studies were found on how some services for adolescents in Greece work and whether they follow the standards of adolescent friendliness. So, in the first study, Zoitaki et al., conducted a cross-sectional study in 358 late adolescents and young adults (7). The study investigated if the public and private services followed the WHO guidelines of friendliness and if they checked the goals of the Sustainable Development Agenda for 2030. There were high satisfaction rates for medical consultations in both sectors. However, counseling on contraceptive methods, information on the prevention of sexually transmitted infections, and counseling on other aspects of sexual and reproductive health are not satisfactory. Finally, the participants demand in the future more consultation by the health care providers and more attention to personal issues (8).

Ksekalaki (2020) conducted a cross sectional study of the needs and experiences of 15 years old adolescents in Greece about health care services (9). In the study 2342 students of the first grade of High School, from big cities all over Greece participated. The results showed a big gap between sexes on the reason of the visit to health services (certifications vs follow ups and vaccinations), while 80% of girls were accompanied by a parent, when the boys didn't. At the appointments, more than half of the students said that the doctor paid attention, gave them the appropriate time and respected them ($p < 0,001$). In general, in the most cities, the services operated in a youth friendly way (9). The common area with the previous study is the need for more information and counseling on critical matters (8,9). To support Greece in achieving universal health coverage (UHC), WHO has been evaluating the country's sexual, reproductive, maternal, newborn, child and adolescent health (SRMNAH) services. Preliminary findings of the assessment point to large variations between the public

Table 1: Descriptive study table

Author	Date	Title	Countries	Type of study	Purpose	Results
Zoitaki et al.	2021	The utilization of sexual and reproductive health services among young people: a cross-sectional study in Greece	Greece	Cross-sectional study	To assess the needs of adolescents 16 and 18-20 years old regarding the provision of health services and to evaluate the operation of these services	High satisfaction rates for medical appointments advice on contraceptive methods -Information on the prevention of sexually transmitted infections and advice on other aspects of sexual and reproductive health are not satisfactory -Participants in the future ask for more information from health care providers and more attention to personal issues
Ksekalaki A.	2020	Health and adolescents in big cities of Greece: Assessment of experiences and needs in primary health care	Greece	Cross-sectional study	To assess the needs of adolescents 16 and 18-20 years old regarding the provision of health services and to evaluate the operation of these services	-Friendly services are provided in most cities there was a gender gap (80% of girls are accompanied by parents) -More information on critical issues was requested here as well
Malm et al.	2017	Validation of a questionnaire to measure youth-friendliness of Swedish youth clinics	Sweden	Cross-sectional study	Examined the friendliness of health services to adolescents based on the 5 criteria of friendliness of the World Health Organization.	-22 of the 300 adolescent clinics fully met their friendly mode of operation according to the five basic WHO criteria 80% of the participants were women -There was great satisfaction and all the criteria of friendly operation of the services for teenagers were met, while the quality of the services was maintained very high.
Michaud	2020	Do European Union countries adequately address the healthcare needs of adolescents in the area of sexual reproductive health and rights?	Countries of EU	Evaluation	Investigating the extent to which EU countries adequately address the health care needs of adolescents in the field of sexual reproductive health and rights	-The majority of countries have specialized / friendly centers, -Only 5/26 countries have trained staff and promote confidentiality. -Only about half of the countries have adopted policies or recommendations aimed at promoting good access and care in the field of SRHR for adolescents. -Greece was deemed insufficient in almost all factors of friendliness
Carai & Chandra Mouli	2015	Assessing youth-friendly-health-services and supporting planning in the Republic of Moldova	Moldova	Evaluation	Examined the friendliness of health services to adolescents based on the 5 criteria of the World Health Organization	-There was an improvement in health services, but it was not enough -Most of the services were lacking in staff, training and poor quality and low budget -It also appeared that there is no alignment with world standards for teen-friendly guidelines
OCHA	2020	Regional Report: Assessment of Adolescents and Youth-Friendly Health Service Delivery: East and Southern Africa	Africa	Evaluation	Humanitarian Affairs (OCHA) published in 2020 the evaluation of health services that are teen-friendly	-Of the 23 countries, almost all had the policy and the legal framework according to the 5 criteria of the WHO. -The important finding was that each country met only some of the 5 criteria. -There are guidelines and maybe infrastructure, but the quality of services in Africa is low.
Henderson et al.	2017	Integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: protocol for a pragmatic randomised controlled trial	Canada	Control Randomized Trial	Examined the effectiveness of the collaborative model in mental health services for adolescents	-The collaborative model has proven to be effective for adolescents' mental health. -It is an innovative application in the context of adolescent mental health. -It seems to be a very promising model that will improve and upgrade the mental health services of adolescents.
Talbott et al	2020	A Team-Based Collaborative Care Model for Youth With Attention-Deficit Hyperactivity Disorder in Education and Health Care Settings	USA	Control Randomized Trial	Examined the effectiveness of the collaborative model in health services in collaboration with the educational environment for adolescents with ADHD	-The collaborative model seems to have a positive effect on the school progress of students with ADHD -At the same time it seems to effectively support the mental health of the adolescent with ADHD. -The cooperation of health services for adolescents with the educational environment proves to be beneficial for the school progress of adolescents with ADHD.
Songtaweasin et al.	2020	Youth-friendly services and a mobile phone application to promote adherence to pre-exposure prophylaxis among adolescent men who have sex with men and transgender women at-risk for HIV in Thailand: a randomized control trial.	Tailand	Control Trial	Considered the combined provision of friendly services with a mobile application "The Rain Coat" aimed at the prevention and treatment of HIV through proper prophylaxis for gay men and transgender women.	-There was a statistically significant increase in the rate of condom use in gay men and transgender women (3rd month: p-value = 0.0002) -In addition, with regard to the "The Rain Coat" application, it was found that there was no correlation with the additional efficiency of health services. -The possible ineffectiveness of the application is due to the inability to access a mobile phone or the internet.
Banke-Thomas et al.	2017	Factors influencing utilisation of maternal health services by adolescent mothers in Low-and middle-income countries: a systematic review	Countries from all continents	Systematic Review	To highlight the correlation of socio-economic factors with the visit of adolescent mothers to mental health services.	-There is a statistically significant correlation between the use of mental health services by adolescent mothers and the level of education of the mother, the level of education of the husband, the financial situation, the region, the marital status and the barriers to women (p<0.01) -In India there is a statistically significant correlation between religion and home visits by health professionals. -There is no statistically significant correlation with the professional status of the mother
Chandra-Mouli et al.	2018	A systematic review of the use of adolescent mystery clients in assessing the adolescent friendliness of health services in high, middle, and low-income countries	Countries from all continents	Systematic Review	Examine the friendliness of health services for adolescents using the method "mystery client"	-Some of the participants stated a lack of privacy and confidentiality -Other participants reported experiencing sexual harassment and criticism. -The girls were more comfortable reporting unwanted experiences -This method was found to be useful in assessing the behaviors of health professionals when providing services to adolescents
Mazur et al.	2018	Assessing youth-friendly sexual and reproductive health services: a systematic review.	Low and high income countries	Systematic Review	Examined the friendliness of sexual and reproductive health services to adolescents based on the 5 criteria of the WHO from 2000-2015 worldwide	-Each study used a different tool to measure service friendliness. -There was a great need for a clear hierarchy between the measurements of the teen-friendly indicators -It turned out that health service friendliness needs to be further investigated in relation to adolescents belonging to the LGTBQ + community
Williams et al.	2017	Scaling a waterfall: a meta-ethnography of adolescent progression through the stages of HIV care in sub-Saharan Africa.	Sub-Saharan Africa	Meta-ethnography	To highlight the service-friendliness of adolescents with and without HIV	Countries with adolescent friendly hours tended to be more accessible to adolescents for HIV prevention and treatment.

Globally

Although things in Europe run differently and there are plenty of services, it is not quite sure if they hit the quality standards. In the study of Malm et al., 22 out of almost 300 youth clinics of Sweden were assessed and it was checked if they are youth friendly (10). Those clinics fulfilled their friendly way of operation according to the six main criteria of WHO (10). This bright example of Sweden doesn't represent lower income countries as Moldova. There, researchers in 2015 found that there was a scale up on the services, but isn't enough because most of the services lack of personnel, training and have poor quality and low budget, and generally there isn't an alignment with the global standards of youth friendly guidelines (11). A big study in Europe investigated if the Countries of the European Union adequately address the healthcare needs of adolescents in the area of sexual reproductive health and rights (12). The majority of countries has specialized /friendly centers, but only 5/28 have trained personnel and promote confidentiality. Only around half of the MOCHA countries have adopted policies or recommendations that aim to promote good access and care in the area of adolescent SRHR. In that study, Greece lacked in almost all the factors of friendliness (12).

Analyzing studies in low-, middle-, and high-income countries, it appears that governments in most countries are working to create the conditions for adolescent-friendly services (13). Their data were published in a systematic review that studied the compliance rate to the five health services quality criteria of WHO which showed that accessibility and acceptability was in a part satisfying but equity and appropriateness needed to be upgraded (13).

On another perspective, a systematic review showed that adolescents in high, middle and low-income countries experienced unwanted and unfriendly behaviors, such as limited attention to their face or even the perception of their problem as something that does not need to be taken seriously and judgmental behavior. In addition, the girls in relation to the boys seemed to express to a greater extent the undesirable experiences they had (14). Some other surveys showed that there was a different attitude based on gender of clients (men seemed to have a better experience than women) (14).

Meanwhile, a worldwide systematic review focused its study on the friendliness of sexual and reproductive health services for adolescents. This study measured the

5 criteria of friendly services (acceptance, accessibility, equality, appropriateness and effectiveness) as well as 7 additional, such as the environment, confidentiality and participation of the adolescent in the process. It was also observed that each study used different tools to measure the data, which demonstrates the need for standardization and structured measure of health service friendliness. The results of the research also showed that to a very small extent it is obvious which feature should be emphasized, while also there seemed to be a need for further study on issues of correlation of the LGBTQI community and health services to adolescents (15).

On the same time, another systematic review that focused on adolescent mothers showed that education of adolescent mothers, education of their husbands, financial situation, parity, region, family structure, women's barriers, seemed to have a statistically significant influence ($p \leq 0.01$) on the use of services mental health by adolescent mothers. It is also important to mention the statistically significant correlation between religion and home health providers visits in India, while no correlation was found with the mother's employment status. The review also showed that older mothers use mental health services more than adolescent mothers (13).

On the other hand, the Humanitarian Affairs (OCHA) published in 2020 the Assessment of Adolescent and Youth-Friendly Health Services in the East and Southern Africa Region (2015-2017) (16). From the 23 countries of the East and Southern Africa (ESA) region, almost all of them had the policy and legislative framework according to the 5 criteria of WHO. The significant finding was that every country checked only partially the criteria and didn't have all the 5. This finding is confirmed by another study (17) and the result is that there are guidelines and maybe infrastructure, but the quality of the services in Africa is low. Furthermore, according to a meta-ethnography conducted in East and West Africa with the aim of revealing the correlation of the quality of services provided to adolescents for the prevention or treatment of HIV. The results showed that teen-friendly services were more accessible, so that adolescents could have HIV screening tests as well as pre-ART therapy and ART in HIV-positive ones (18).

Another essential point is to figure out how to enhance health services in order to become more adolescent friendly. According to that, we found two randomized trials. The first one took place in Thailand, where an attempt was made to demonstrate whether a mobile application named

"The Rain Coat" in combination with the provision of adolescent-friendly services could improve the rate of proper prophylaxis use in adolescents and more specifically in men who have sex with men and transgender girls who are at risk for HIV(21). According to the data, the use of health services seemed to be correlated with the increase in the rate of use of prophylaxis in all sexual acts (3rd month: p-value = 0.0002). In addition, regarding the application "The Rain Coat" it turned out that there was no correlation with the additional efficiency of health services (19).

The other one was held in Canada, where the effectiveness of the integrated collaborative care team model on youth mental health services proved that it was very innovative and very promising for the adolescents' mental health services (20). The approach of collaborative team model has potential characteristics, because it integrates education and health care providers in a teamwork (20). Additionally, the Collaborative Care Model is effective and efficient on controlling the costs, making services accessible and increasing patient's satisfaction (20). More recent evidence highlights that adolescents with Attention- Deficit- Hyperactivity- Disorder and their mental health have positive progression because of Team Based Collaborative Care Team Model (TBCCM) (21) (Table 2).

Table 2. Youth-friendly criteria fulfilled by the countries of the study

CRITERIA	ACCESSIBLE	ACCEPTABLE	APPROPRIATE	EFFECTIVE	EQUITABLE
Greece	(+)	-	-	-	-
Sweden	+	+	+	+	+
Moldova	(+)	-	-	(+)	-
E.U. Countries	+	(+)	(+)	(+)	(+)
MOCHA countries	+	-	+	(+)	-
High-income countries	+	+	-	-	(+)
Low-middle income countries	-	-	(+)	(+)	-
(ESA) region	(+)	-	-	-	-

*(+): in some cases

Conclusions-Discussion

According to the present study, major shortcomings and inadequacies exist in the field of health services, regarding their level of friendliness. In Greece there are friendly services for adolescents mainly in large urban centers, but they are not considered sufficient in many sectors. Based on a large European evaluation, Greece comes last in the field of sexual and reproductive health services. Exactly like Greece, many countries worldwide seem to have many shortcomings, especially middle and low income countries, while high income countries seem to excel according to WHO criteria, starring the Nordic countries.

While there is no worldwide structure or standards for youth policy, there is a developing international consensus on youth policy principles. All effective national youth policies should aim to be: democratic and participatory, cross-sectional, coherent, evidence-based, fairly budgeted, professional, monitored and evaluated, open and freely accessible (22).

Also, World Health Organization developed 8 Global standards to improve quality of health-care services for adolescents, which every country should try to implement (Adolescents' health literacy ,Community support, Appropriate package of services, Providers' competencies, Facility characteristics, Equity and non-discrimination, Data and quality improvement, Adolescents' participation) (23). Moreover, in 2015 was created the 2030 Agenda, which is a global roadmap for sustainable and inclusive development. It has universal character and most of its aims focus on the application of the highest attainable standard of health for all women, children and adolescents (24).

As a closing suggestion and based on the fact that there is limited data about youth friendly services worldwide, the research interest should be oriented more on this issue and more specifically on the accessibility of LGBTQ+ adolescents, while at the same time it is proposed to strengthen the evaluation of health services for adolescents worldwide, including Greece. Finally, it is recommended to create a stable and reliable tool for measuring service friendliness (1-24).

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