

YOUTH-FRIENDLY HEALTH SERVICES

PARTICIPANT WORKBOOK

2023



REPUBLIC OF THE MARSHALL ISLANDS

Youth-Friendly Health Services (YFHS) Training Package

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The YFHS training package accompanies the Ministry of Health and Human Services Youth-Friendly Health Services National Operational Guidelines (2023).

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Version

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1 DAY 1

SESSION 2

YOUNG PEOPLE

1

Learning objectives

- Understand young people's SRH and developmental needs
- Discuss youth culture and the key SRH issues young people face in RMI



TIMING
90 MINS

Learning outcomes

By the end of the session, you will be able to:

- define youth, adolescents, and young people
- identify key youth risks and protective factors
- reflect on key SRH issues facing young people, particularly those from priority groups

Activities

2.1 Who are young people? (10 minutes)

2.2 Frameworks for adolescent health (45 minutes)

2.3 Empathy mapping priority groups of young people (35 minutes)

2.1

Who are young people?⁽²⁾



10 MINS

Key definitions for young people

World Health Organisation (WHO) definitions of adolescence, youth, and young people are listed below. The terms, teenagers, adolescents, young people and youth are used interchangeably in this training.

Definition	Ages
Adolescents	10-19 years
Youth	15-24 years
Young people	10-24 years

Stages of adolescence

The facilitator will read out the information about the stages of adolescence and facilitate a group discussion on the concept.

Definition	Ages
Early	10–14 years
Mid	15–17 years
Late	18–19 years

Early adolescence

Is the first stage where puberty usually begins. Young people experience rapid changes in their bodies and start to worry about their physical appearance. They may experience shyness, modesty, and a greater interest in privacy. Risk taking is heightened during this stage with experimentation with smoking and alcohol use.

Mid adolescence

By the second stage puberty has passed and young people are extremely concerned about how they look and think others are concerned also. Relationships are changing including a need to exert independence.

Late adolescence

Young people's bodies continue to grow and develop, including the brain which can result in young people being more analytical and reflective. Risk taking declines during this stage, as the ability to evaluate risk is developed. Young women are more likely to experience depression than young men due to gender-based discrimination and abuse.

What changes are happening during adolescence?

- **Physiological** – increases in height, acquisition of muscle mass, the distribution of body fat and the development of secondary sexual characteristics. Underlying these physical changes is a wide spectrum of endocrine changes (gonadarche and adrenarche), including hormones that affect gonadal maturation and the production of gonadal sex steroids. The growth spurt during early and mid-adolescence is regulated by the complex, inter-related production of several hormones.
- **Psychological** – psychological changes are linked to hormonal and neurodevelopmental changes, including emotional changes and increased cognitive and intellectual capacities.
- **Cognitive** – adolescents are developing and consolidating their sense of self. With this increasing self-identity, including their development of sexual identity, comes growing concern about other people's opinions, particularly those of their peers.
- **Emotional** – the young person may have an increased interest in romantic relationships and show more independence from their parents. Young people may also experience sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.

- **Sexual** – during this stage of physical maturation, adolescents may be more sexually active.
- **Social** – as adolescents become more confident during this stage, the influence of friends and peers may grow, creating opportunities to further develop social skills for relationships.
- **Economic** – adolescents may have the opportunity to gain employment due to their age. This impacts on the adolescent's sense of independence and pride for providing financial support to their family and community.

Key messages

- Adolescence begins with the onset of puberty
- Adolescence culminates with the acquisition of adult roles and responsibilities
- Adolescence entails several developmental tasks
- Adolescence is culturally determined – it varies between societies and cultures



Notes

2.2

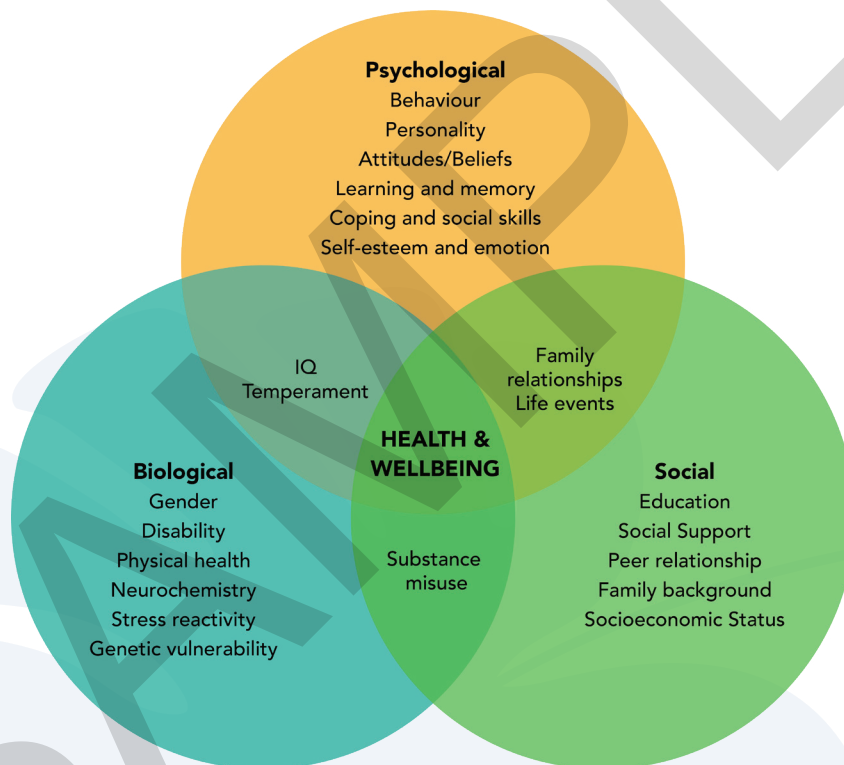
Frameworks for adolescent health⁽⁴⁾

30 MINS

The facilitator will explain the following two frameworks for adolescent health and wellbeing.

- Biopsychosocial model of adolescent development
- Risk and protective factors framework

Biopsychosocial model of adolescent development



- Adolescent development involves the interaction between factors within three areas of development that impact an adolescent's health and wellbeing or illness:
 - biological
 - psychological
 - social

In adolescence, social and environmental factors can play a stronger role than in adulthood. There is a distinction between puberty and adolescence: puberty is characterised by physical changes, whereas adolescence is characterised by social changes in roles, privileges, and responsibilities. Most young people's health problems are psychosocial. This means there is an interaction between risk-taking consequences and exposure to social and environmental factors.

Risk and protective factors framework

The following framework can be helpful in considering how to support young people.

Protective factors:
<ul style="list-style-type: none"> • Protect against potential negative consequences of risk factors
<ul style="list-style-type: none"> • Prevent first risks occurring
<ul style="list-style-type: none"> • Interrupt the risks compounding (one risk leading to another)
Risk factors:
<ul style="list-style-type: none"> • Risk taking is a normal part of adolescent development
<ul style="list-style-type: none"> • Allow a young person to test limits, learn skills, develop independence
<ul style="list-style-type: none"> • Can increase harmful psychosocial and health issues

Example protective factors to be strengthened:

- Connectedness to school, peers, community
- A supportive and caring family environment
- Supportive relationship with at least one trusted adult
- Achievements and sense of belonging at school
- Social skills, positive self-esteem
- Sense of purpose and meaning

Example risk factors to be minimised:

- Socio-economic disadvantage
- Poor parenting, family conflict and breakdown
- School failure, bullying
- Lack of meaningful relationships with adults and peers
- Individual characteristics – e.g., low self-esteem, poor social skills
- Exposure to trauma, violence, and crime
- Racism
- Discrimination



Notes

SAMPLE

Case Studies

The facilitator will provide further instructions. You will be asked to apply the risk and protective factors framework to the following case studies.

Case study one - Anna

Anna is a 17 year old female. She presents at the health facility as she had unprotected sex with her boyfriend, who is 19 years old, after a party yesterday.

Anna has a strong relationship with her grandmother, who encouraged her to come to the health facility.

Anna is successful at school and is feeling anxious that an unplanned pregnancy would prevent her from attending university which she has been working toward for some time.



What are some of the possible risk and protective factors in Anna's life? *List them in the space provided below.*



What would you focus on to minimise the risks and enhance the protective factors? *List them in the space provided below.*

Case study two - John

John is a 16 year old male. John dropped out of school earlier this year to support his father fishing. His mother has been very unwell, and John needs to help his three younger siblings more, especially with cooking and helping get ready for school.

Since leaving school, John has been spending more time with older men, hanging out at night near the jetty once his siblings are asleep, and drinking homebrew. John recently met Antonie and noticed some feelings of attraction towards him. John has never considered his sexuality much before but is afraid there is something wrong with him.

John heard through announcements at church that there were some sessions on family life education being offered. He attended a session on healthy intimate relationships. After the session he asked the facilitator about whether it is okay to have a sexual relationship between two men and if so how to do this safely.



What are some of the possible risk and protective factors in John's life? *List them in the space provided below.*



What would you focus on to minimise the risks and enhance the protective factors? *List them in the space provided below.*



DAY 1

SESSION 3

What are youth-friendly health services?



Learning objective

- Familiarise participants with the YFHS Guidelines

Learning outcomes

By the end of the session, you will be able to:

- describe the key elements of providing YFHS
- justify why YFHS are required in RMI
- apply YFHS Guidelines **Section A: At the facility** and **Section B: In the community** to providing services and programs to young people



TIMING
120 MINS



Activities

- 3.1 What are YFHS? (30 minutes)
- 3.2 SRHR quiz (15 minutes)
- 3.3 Apply **Section A: At the facility** of the YFHS Guidelines to priority groups of young people (35 minutes)
- 3.4 Community links list applying **Section B: In the community** of the YFHS Guidelines (35 minutes)

3.1

What are youth-friendly health services?⁽⁵⁾



30 MINS

Aspects of YFHS		Scenario	Solution
<p>Accessible: Young people experience significant barriers when choosing to access SRH services which impact their health outcomes. Services that acknowledge and address barriers such as complicated systems and referral processes, poor previous experiences, cost, and confidentiality will improve the engagement of young people.</p> <p>Acceptable: Young people have distinct needs and aspirations, including being treated with respect, receiving culturally sensitive care, and service with stringent privacy and confidentiality systems. Furthermore, services that provide adequate time for appointments and availability of peer educators relay to young people the service is responsive to their needs.</p> <p>Comprehensive: Young people can experience complex and chronic issues, which require a holistic approach in service delivery. To ensure young people's wellbeing and health needs are met, integrated systems and partnerships with internal and external services are critical to improving outcomes.</p> <p>Appropriate: Young people will continue to access health care if they feel comfortable and experience care responsive to their needs. Services that provide minimum services packages in one setting are an example of ensuring SRH health services are appropriate.</p>	<p>What would it look like if the health service was more accessible?</p> <p>What would it look like if health services were more acceptable?</p> <p>What would it look like if health services were more comprehensive?</p> <p>What would it look like if health services were more appropriate?</p>	<p>A 16 year old male attends a health facility and is told they need to go to the provincial hospital for further tests. The young person has never been to the hospital before and is concerned they won't know where to go or who they need to talk to, and is afraid to ask their parents for support.</p>	
		<p>A 16 year old female has had unprotected sex with a friend. She thinks something might be wrong as she's experiencing some discomfort in her vulval region. She needs to skip school to visit the health facility during the day. The following day her sister says her friend saw the girl at the health centre and is spreading rumours she is pregnant.</p>	
		<p>A 16 year old male attends a session of Family Life Education at senior secondary school. They ask the teacher about what to do if someone has experienced sexual violence. The teacher says to go to the police. The young person was wanting to help a friend and share some helpful information, and knows their friend feels afraid of going to the police and this information may not be very helpful.</p>	
		<p>A 17 year old female attends a health facility stating that she had unprotected sex a couple of days ago and fears she could become pregnant. She states she does not want a pregnancy and asks for help. The nurse tells her she should not have sex if she does not want a child, and that emergency contraception is only available with parental consent as she is under 18 years old.</p>	

3.2

SRHR quiz



15 MINS

The facilitator will ask questions regarding the current SRH status of young people in RMI.

- If you think the statement is **true** place your **hands on your head**.
- If you think the statement is **false**, place your **hands on your hips**.
- It's okay if you don't know the answers!

3.3

Apply YFHS Guidelines Section A to priority groups of young people⁽⁶⁾

30 MINS

1. Read **Section A: At the facility** of the Guidelines and consider how the Guidelines might help to address some of the key barriers young people face accessing SRH services.
2. Using the templates below to develop two posters.
 - In the thought bubble write: ONE concern of a young person.
 - In the white box write: some helpful information to help overcome the barrier.



