



USAID
FROM THE AMERICAN PEOPLE

HRH2030
HUMAN RESOURCES FOR HEALTH IN 2030

Adolescent Competencies for Family Planning Service Providers



Introduction

The world is currently witnessing the largest youth generation with a global total of 2.4 billion young people between the ages of 10-29 years. Of that group, about 1.2 billion are adolescents (10-19 years of age), with the vast majority living in sub-Saharan Africa and South Asia. Many countries in these regions have been anticipating the economic benefits associated with such a young population, known as the demographic dividendⁱ, but have yet to achieve them, in part due to high fertility rates among adolescents.

Adolescents in the 10-19 age range have experiences that render them particularly vulnerable because of their developmental stages. Factors such as lack of information and education about puberty, adolescent sexual and reproductive health and rights (ASRHR) and limited access to contraceptive services, often result in high levels of unmet need for family planning (FP), unintended pregnancies, and unsafe abortions among adolescents. It also puts them at risk for sexually transmitted infections (STIs), HIV, and increased maternal and child morbidity and mortality.ⁱⁱ Power dynamics and gender norms hinder adolescents' agency to determine their life trajectory. Research has shown that "social hierarchies of power in romantic relationships form early in adolescence (ages 10-14), regardless of cultural setting."ⁱⁱⁱ Negative and harmful social norms may be common among community members, including health providers and young people themselves. This can lead to early sexual debut, and child, early or forced marriage (CEFM), and gender-based violence (GBV). These create barriers to contraception access and uptake, which can lead to early, unintended, and rapid, repeat pregnancy, and unsafe abortion. All these factors increase the risk of low educational attainment, poor economic prospects, and perpetual high and growing fertility rates.

USAID's family planning (FP) programs are guided by the principle of informed choice as well as the goal of providing a broad choice of contraceptive methods to clients.^{iv} Unfortunately, contraceptive services in many

countries are not meeting the needs of adolescents. Much of this is due to inadequate provider pre- and in-service training, lack of supportive supervision, social norms, and individual provider bias, in addition to issues with contraceptive commodity supply and cost of commodities, particularly in the private sector. There are also inherent power dynamics between providers and adolescents due

Power dynamics and gender norms hinder adolescents' agency to determine their life trajectory.

to differences in age, status, caste, class, religion, tribe, and social determinants of health.^v These factors may hinder adolescents' access to accurate information and voluntary choice from a wide range of contraceptive options, including long-acting and reversible methods (LARCs), and result in providers not attending to nor understanding adolescents' wants and needs, thus limiting adolescents' rights to informed and voluntary choice.

Providing adolescent-responsive^{vii} sexual and reproductive health and rights services requires a systems approach that aligns with the World Health Organization's (WHO) efforts toward the highest standards of quality, the aims of Universal Health Coverage^{viii}, and achieving the Sustainable Development Goals 2030^{ix}. All levels of health systems that serve adolescents – from school, community, and facility-based, to private sector and public providers – need to be committed to making products and services equitable,

affordable, and responsive to the varied contexts and diverse needs of **all** adolescents, regardless of age, marital status, parity, gender, sexual orientation (LGBTQI*), HIV status, physical abilities, and other characteristics that keep adolescents marginalized and vulnerable. Key to achieving voluntary, informed choice and access to family planning and reproductive health (FP/RH) services for adolescents, providers must learn, adapt, and manifest client-centered, adolescent-responsive competencies from pre-service to in-service practice, and when implementing policy.

To further enable adolescent-responsive health systems, adolescents must be actively, **positively**, and meaningfully engaged^{xi} within those systems to inform the services provided to them and to hold providers and decision-makers accountable. Quite often, adolescents don't feel welcome or may even feel intimidated and lack the ability to voice their own needs and preferences. It is important that training and guidelines for all staff include respectful and supportive treatment of adolescents.^{xii} This includes ensuring that adolescents can access contraceptives through facilities and programs closer to their communities, including through digital information and **linkage** to care, or well-trained, non-traditional outlets and providers (e.g., CHWs/CHEWs, community distribution, pharmacies, and drug shops). As adolescents may not feel comfortable seeing a traditional clinic-based provider given the power dynamics cited, it is particularly important that providers who work at **these points of access** outside of facilities have strong adolescent competencies. **Meaningful engagement** means building adolescents' capacity to understand health services and systems, giving them opportunities to provide feedback on services they receive, having their feedback taken seriously, and responding to their ideas for service improvement. Health service providers can facilitate meaningful adolescent participation by inviting them to join existing facility governing and advisory groups or establishing them with adolescents. Finally, creating

Our intention is to develop a concise job aid to make it easier for providers to positively interact with adolescents and respond to their needs.

leadership opportunities within decision-making bodies that determine ASRHR policies and services can ensure that **their** voices and choices are heard and enacted upon.^{xiii}

This document aims to build on several global efforts to improve FP service provider competency in ASRHR, including the WHO's "Core Competencies in Adolescent Health and Development for Primary Care Providers"^{xiv} and "Global Standards for Quality Healthcare Services for Adolescents,"^{xv} USAID's "Positive Youth Development (PYD)"^{xvi} approach, and the FP High Impact Practices' "Adolescent-Responsive Contraceptive Services Brief,"^{xvii} among others. We have drawn upon recent expansion of inclusive approaches and emerging issues such as engaging boys and men, recognizing and responding to adolescent violence, and addressing mental health and wellbeing, which has become urgent during the COVID-19 pandemic. Our intention is to develop a concise job aid to make it easier for providers to positively interact with adolescents and respond to their needs. This resource does not replace or duplicate the clinical competencies that providers learn during their pre- and in-service education. What you see below is meant to promote respectful care and to incorporate a wider perspective on provider approaches and improved health systems for adolescent-responsive ASRHR. As many of the domains and competencies below are also relevant beyond the adolescent years, FP service providers should consider applying the competencies with older youth (**20-29 years**). We hope these resources will equip providers to respond to adolescents' specific needs with confidence and empathy, and increase adolescent engagement, empowerment, and utilization of ASRHR services.

Glossary

Adolescents	10–19-year-old girls, boys, and non-binary individuals
HIV	Human immunodeficiency virus
LARCs	Long-acting, reversible contraceptive methods
LGBTQI	A common abbreviation for lesbian, gay, bisexual, transgender, queer, and intersexed
Menarche	The first menstrual cycle, or first menstrual bleeding, in girls
Nocturnal emissions (“wet dreams”)	A spontaneous orgasm during sleep that includes ejaculation for a male, or vaginal wetness, or an orgasm (or both) for a female
Non-binary	Relating to or being a person who identifies with or expresses a gender identity that is neither entirely male nor entirely female
Self-care	The ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider ^{xviii}
Semenarche	The first ejaculation
Spermarche	The beginning of the development of sperm in boys’ testicles at puberty
STIs	Sexually transmitted infections
VYAs	Very young adolescents (10–14 years of age)

01

BUILDING TRUST FOR EFFECTIVE COMMUNICATION



Domains and Competencies

Building trust for effective communication refers to **providers'** ability to interact positively with adolescent clients and put them at ease when accessing ASRHR services. Adolescents need to feel safe, welcome, and confident to seek services. Many adolescents are fearful of medical facilities, and they may feel that adults are judging them. Creating a safe, supportive, nondiscriminatory environment in which adolescent girls, boys, and non-binary individuals, **including those who are marginalized, unmarried/married, pregnant, and first-time parents**, are welcomed and respected by **all** staff, is crucial to attracting, retaining, and responding to adolescent clients within the health system. Everyone working in the health system must provide a **'safe space'** in terms of attitudes and approaches — security guards, receptionists, cleaners, nurses, doctors, and administrators — everyone. Providers can and should create **'safe spaces'** by being supportive, nondiscriminatory, and empathetic in any engagement with adolescents. They must also ensure the protection of adolescents: **maintaining** privacy, confidentiality, being respectful, and adhering to the highest ethical standards in their work. The many services that have moved online or are offered via phone due to COVID-19 must also be **'safe spaces'** for adolescents.

Communicating effectively builds trust between the client and provider; creating an enabling environment **and supporting** adolescents to make fully informed and voluntary choices. Providers should start by getting to know the adolescents — who s/he/they are and who s/he/they aspire to be, what are her/his/their goals, not just regarding ASRHR, but life goals (education, livelihood, civic engagement, etc.), which can help them to make reproductive choices that support achieving these goals. Explore adolescents' needs, wants, and concerns by actively listening, asking questions appropriate to the age/ stage of adolescent development, and giving answers in a way that is consistent with their evolving capacities. Listening with empathy is key to the quality of care^{xix}. Listen to what it is that they want to talk about (even if it is outside of ASRHR), learn and use their language, and be aware of and reduce power imbalances that may be at play. Be aware of your own biases (gender, cultural, religious, class, caste, etc.) and leave them outside of these conversations. Create a safe and enabling environment to support their choices and help them to successfully fulfill their reproductive and life goals.^{xx}

A provider who demonstrates competencies in building trust:



Greets all adolescents in a positive, respectful manner (i.e., greets with a smile!). This competency applies to all people within the entire health system, public and private, facility and community-based, including security guards, receptionists, cleaners, community health workers, drug shops staff, etc.



Maintains a friendly, relaxed, and attentive attitude and shows respect for adolescents.



Ensures the privacy and confidentiality of adolescents within facilities and communities, online, or by phone.



Creates a 'safe space' by asking questions, listening with empathy and without judgment or bias, to understand adolescents' interests, activities, relationships, and the context of their sexual activity and safety needs.



Asks about adolescents' life goals and aspirations, such as education and employment, to better understand and support their reproductive goals and choices, like delay of marriage and childbearing.



Accepts and treats all adolescents equally, no matter their age, socioeconomic or marital status, parity, HIV status, physical abilities, ethnicity, tribe, caste, class, or identity, including Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQI).



Provides correct and complete information and counseling appropriate to the adolescent's level of understanding and individual needs.



Practices the highest ethical standards, such as obtaining informed consent for examinations and procedures from the adolescent client, and makes sure that adolescents understand the purpose, risks, benefits, and alternatives they may have.



Recognizes the differences between an adolescent and a provider based on age, status, and influence, while providing high-quality and equitable ASRHR services and does not influence or interfere with adolescents' informed and voluntary choices.



Creates opportunities for adolescents to provide feedback on the services they receive to inform continuous improvement.

FOSTERING EARLY ASRHR EMPOWERMENT BY ADDRESSING ADOLESCENTS' NEEDS ACCORDING TO AGE & STAGE



Adolescence is a rapidly changing time of life due to development in physical, emotional, intellectual, and social domains. Adolescent development is unique to each individual. Thus, it is critical to understand the patterns of physical, cognitive, and social development^{xxi} and how those affect adolescents' health, attitudes, and behaviors in order to engage with adolescents 'where they are' to provide client-centered preventive or promotional counseling and address the full range of their sexual and reproductive health needs, including services related to STIs/HIV. Early adolescence (ages 10-14) is a sensitive time of social-emotional development and a window of opportunity to build on young people's emerging self-awareness and motivation to learn. As they age into older adolescence (ages 15-19), they want respect, status, and eventually to find their purpose in life. By keeping these developmental stages in mind, providers can adapt services to respond to individual adolescents more effectively.

Because there are many reasons why adolescents don't seek reproductive health services, providers may miss the opportunity to engage with very young adolescents aged 10-14 years (VYAs) before their sexual debut. By reaching out through schools, community groups, local leaders, and influencers, proactive providers can help to inform young adolescents about their changing bodies. Providers

can encourage ASRHR empowerment by letting them know they are valued and helping them to understand their rapidly changing bodies, especially by explaining the girls' first period and boys' first ejaculation or wet dream before they happen. Young adolescent girls need to be prepared for menstrual hygiene management, young adolescent boys need to understand nocturnal emissions

Early adolescence (ages 10-14) is a sensitive time of social-emotional development and a window of opportunity to build on young people's emerging self-awareness and motivation to learn.

("wet dreams"), and all VYAs need to understand menstruation and its relationship to fertility, sexuality, and how to avoid pregnancy and prevent STIs/HIV, so that they can fulfill their life goals. With access to comprehensive and accurate information and the support to build self-efficacy and agency, adolescents can realize reproductive empowerment^{xxii} to determine their voice and manage their own health choices, engage in self-care, and realize their right to self-determination in their lives.

A provider who demonstrates competency in fostering early ASRHR empowerment:

- ✓ Approaches adolescent health care as an ongoing process, evolving with the ages and stages of adolescents' development.
- ✓ Identifies age and stage of adolescents through observation, asking questions, and active listening.
- ✓ Uses language appropriate to the age, developmental, and life stage of adolescents, their knowledge level and learning, and checks for understanding by asking adolescents to repeat what they heard (rather than asking yes/no questions).
- ✓ Recognizes adolescents as individuals with differing levels of maturity, needs, and concerns, and varying social circumstances (e.g., schooling, work, marriage).
- ✓ Talks about and answers questions on bodily changes during puberty in girls, boys, and LGBTQI adolescents **before** they begin to experience them.
- ✓ Prepares young girls for the first menses or monthly bleeding, how to keep clean and manage menstruation, cope with physical and mental symptoms, and when to seek care.
- ✓ Prepares young boys for the first ejaculation or wet dream and unexpected erections by talking about it and assuring boys that it is normal.
- ✓ Explains to **all** adolescents how girls' monthly bleeding is related to fertility, how to have safe sex and avoid unintended pregnancy, and explains **all** methods of contraception.
- ✓ Assures adolescents that masturbation is normal for everyone but is best practiced in private, and answers any questions and dispels myths associated with it.
- ✓ Guides adolescents to trustworthy sources for accurate information about puberty, sexuality, and ASRHR in their community or online.
- ✓ Gives adolescents the time they need to make decisions and provides ongoing support and advice.
- ✓ Discusses sexuality, linking the delay of sexual activity and prevention of pregnancy and STIs/HIV to the achievement of their life goals and positive health outcomes.
- ✓ Helps adolescents find and voice their own health choices, manage self-care, and determine their life course.

03

APPLYING COMPREHENSIVE CONTRACEPTIVE KNOWLEDGE



Providers need to have comprehensive, up-to-date knowledge of the contraceptive methods available within their health system, in compliance with any local laws or regulations that may apply.^{xxiii} This applies to providers at clinics, mobile depots, community health venues, drug shops/pharmacies, in-and out-of-school programs, in workplaces, in media (social/mainstream), telehealth, and mobile health platforms, etc. Providers must understand that all methods, including LARCs, are safe and effective for adolescents, married or unmarried, and counsel them appropriately, ensuring that these adolescent clients have accurate information with which to make voluntary and

informed choices. Of particular importance is for providers to inform and provide adolescents in advance with emergency contraception, in case of condom failure or lack of a contraceptive method, and to explain dual method use (i.e., use a contraceptive and a condom at the same time) to prevent pregnancy and STIs/HIV. Providers should be able to transfer knowledge of side effects, changes in menstruation and how to manage them, as well as address the reasons why adolescents may say they want to discontinue or switch methods. Providers must clear up any myths or misconceptions about contraceptives that adolescents may have.

A provider who demonstrates competency in contraceptive knowledge:

- ✓ Provides comprehensive, correct, and consistent contraceptive information when counseling adolescents, compliant with current policy and regulations within their facility, district, country.
- ✓ Offers correct information and provides the method of choice from the full range of all available methods.
- ✓ Explains the link between contraception and healthy timing and spacing of pregnancies.
- ✓ Encourages using a contraceptive method and a male or female condom at the same time for protection against STIs/HIV and pregnancy (dual protection) and informs adolescents about the risks of having sex with multiple partners.
- ✓ Describes possible side effects of their chosen method - especially changes in menstrual flow and how to manage it, and when to seek help from a provider, including the option to try a different method.
- ✓ Informs adolescents how, when, and where to obtain refills/resupplies for consistent and continued use.
- ✓ Asks if adolescents have any questions about contraception in general or specific to their method, or about STI/HIV, pregnancy risks, or sexuality. Corrects any myths by explaining the truth in a way that does not make them feel foolish.
- ✓ Describes emergency contraception to all girls and boys and provides it to those who want it.

ENGAGING ADOLESCENT BOYS IN ASRHR^{xxiv}



Unfortunately, adolescent boys are commonly left out of ASRHR service **provision**. Some providers, staff, and parents may not believe that adolescent boys need information and services as much as adolescent girls, because pregnancy and other reproductive issues are **(incorrectly)** considered to be only a female's concern. Providers must recognize that adolescent boys need to be **informed and engaged** in ASRHR service provision for their own health and wellbeing, as well as that of their partners. Providers need to reach out to boys within their communities, to meet them where they are, such as schools, recreational areas, and clubs. Boys should be encouraged to seek services to promote their own health and prevent illnesses, as they may be at risk for STIs/HIV, which could reduce their fertility. Adolescent boys, as well as girls, also have rights to sexuality education and STIs/HIV testing and treatment. Unequal gender norms often grant boys greater privileges and freedoms at earlier ages than girls, but also negatively affect boys by encouraging them to 'prove their manhood', thus leading them to engage in sexual behaviors without knowing much more than rumors or what they learn from online community portals, chat rooms, pornography, and video games, which often include misinformation and promote unhealthy, inequitable gender norms.

Engaging adolescent boys in ASRHR is an important and effective way to enable equitable adolescent-responsive services and reduce unintended pregnancies, STIs/HIV, and gender-based violence (GBV).

Gender transformative program approaches require providers to engage with boys in ways that support them as individuals and as partners, but that also preserve girls' and women's rights and autonomy.^{xxv} Provider interactions with boys can always be an opportunity for encouraging adolescent boys to support girls' and women's rights and agency while reducing social norms that are harmful to female empowerment. Boys could avoid early marriage and relationships with younger girls by learning about the consequences of child, early, or forced marriage,^{xxvi} thus enabling their support for girls' ASRHR.

A provider who demonstrates competencies in engaging adolescent boys:

- ✓ Explores boys' understanding, attitudes, and expectations toward sex and sexuality to determine ASRHR needs for education, counseling, and services.
- ✓ Informs boys that pregnancy and other reproductive issues concern them too, to encourage shared responsibility for pregnancy prevention and improved sexual and reproductive health and wellbeing.
- ✓ Describes the benefits, shows the proper use of, and provides condoms to adolescent boys so they can prevent unintended pregnancy and reduce the risk of STIs/HIV for themselves and their partners.
- ✓ Discusses other contraceptive methods with boys so they can support their partners to use the method of their choice.
- ✓ Explores the beliefs and behaviors that adolescent boys have about gender roles and masculinity and helps them to recognize and correct unhealthy and harmful beliefs or behaviors, such as having unprotected sex with multiple sexual partners.
- ✓ Helps boys identify unequal power between sexual partners due to differences in age, customs, religions, or culture and encourages adolescent boys to support their partners' choices.
- ✓ Encourages boys to engage in couples communication and joint decision-making, while also preserving girls' and women's rights and autonomy to make contraceptive choices.
- ✓ Helps boys to understand, respect, and promote girls' and women's sexual and reproductive health and rights.

RESPONDING TO GENDER-BASED VIOLENCE AMONG ADOLESCENTS



Violence is common among and towards adolescents and is associated with poor health and social outcomes. Many adolescents experience different types of violence, including sexual assault, abuse, and intimate partner violence. Adolescents, especially girls, often experience violence due to unequal power within relationships (boys and men usually have more power), and culturally supported unhealthy and inequitable gender norms. Male survivors and non-binary adolescents also face cultural barriers to disclosure due to restrictive gender norms that uphold and idealize dominant masculinity. Thus, it is important to be able to recognize signs of violence and provide support, talk to survivors without traumatizing them, and respond to survivors' needs. Though discussing this seems difficult for both adolescents and providers,

it is important to respond to violence with a trauma-informed approach. This means recognizing that responses to violence must be culturally sensitive, and recognizing the client's choices, concerns, preferences, and values. It is also important to support the physical, psychological, and emotional safety of survivors by focusing on supportive communication, offering comfort, understanding, treatment, and referral as needed. Due to lack of training, providers do not have sufficient capacity to even identify signs of violence. Other times, they might subscribe to harmful gender norms that normalize forms of violence. Increased training and referral to specialty services, shelters, support groups, and other safe places, where available, as well as compliance with any local or national protocols are necessary.

A provider who demonstrates competency in recognizing and responding to adolescent violence:

- ✓ Gives guidance about healthy and unhealthy relationships to all adolescents.
- ✓ Ensures that all adolescents know about available resources and support within their community for abuse and violence, as it can happen to girls, boys, and non-binary (LGBTQI) adolescents.
- ✓ Asks adolescents calmly and routinely about their intimate relationships and looks for signs of fear or anxiety, using approved screening tools where available.
- ✓ Recognizes adolescents' injuries that are consistent with physical abuse: such as multiple, frequent, and patterned injuries, in various stages of healing, or on genitalia/breasts.
- ✓ Learns about and applies strict confidentiality and any local or national safety protocols for survivors of violence.
- ✓ Refers survivors to qualified violence service providers, if available.
- ✓ Follows local or national protocols for violence prevention and response, notifying family, if safe, and/or law enforcement.

RESPONDING TO GENDER-BASED VIOLENCE AMONG ADOLESCENTS



When we talk about 'mental health,' we often imply 'poor mental health,' but mental health is neither positive nor negative. However, poor mental health afflicts many adolescents around the world. Adverse mental health conditions account for 16% of the global burden of disease and injury in people aged 10-19 years.^{xxxviii} Half of all mental health conditions start by 14 years of age, but most cases are undetected and untreated.^{xxxix} Globally, depression is the fourth leading cause of illness and disability among adolescents aged 15-19 years and the fifteenth leading cause for those aged 10-14 years. Anxiety is the ninth leading cause of illness and disability for adolescents aged 15-19 years, and sixth for those aged 10-14 years.^{xxx} Suicide is the third leading cause of death in 15-19-year-olds.^{xxxi}

Given these grim statistics and knowing that COVID 19 has highly exacerbated these issues, it is critical that service providers be aware of mental health issues among adolescents and be able to support them to get the help that they need.^{xxxii} Even though ASRHR service providers may not be well trained in managing mental health issues, they need to provide some basic support and referral. It is important to gently ask adolescent clients questions about how they are feeling, if they are worried or upset, and listen carefully to determine if they need referrals to services, such as a mental health professional or crisis center (if available). If not, sometimes adolescents just need a caring adult to listen to them without any judgment.

A provider who demonstrates competency in supporting adolescents' mental health and wellbeing:

- ✓ Promotes awareness of mental health issues among adolescents with co-workers, community leaders, teachers, and parents.
- ✓ Observes adolescents' behavior for signs of apathy (not caring about anything), depression, worry, or emotional distress (e.g., uncontrollable crying).
- ✓ Demonstrates support by listening carefully and with empathy to the issues adolescents share.
- ✓ Looks for feelings of hopelessness, depression, or lack of interest in activities they had previously enjoyed.
- ✓ Asks simple questions such as: "How are you feeling?" "What kinds of things do you like to do?"
- ✓ Refers adolescents to local psychosocial services and/or support.

Conclusion

While these competencies were designed to specifically develop adolescent-competent family planning service providers, the competencies can be helpful to all kinds of providers when they interact with adolescents regarding their sexual and reproductive health or even other health areas. The need for system-wide improvements in the quality and effectiveness of overall health service

delivery to adolescents—and particularly services related to ASRHR—is urgent and great throughout low- and middle-income countries. Adolescents are the future of these countries, and we hope that these competencies will inspire and enable providers to do their best to guide and serve adolescents, empowering them to achieve their aspirations and life goals.

- i The demographic dividend is the accelerated economic growth that may result from a decline in a country's birth and death rates and the subsequent change in the age structure of the population. With fewer births each year, a country's young dependent population declines in relation to the working-age population. With fewer people to support, a country has a window of opportunity for rapid economic growth if the right social and economic policies are developed and investments made. <https://www.prb.org/demographic-dividend-factsheet/>
- ii Prevalence and determinants of adolescent pregnancy in Africa: a systematic review and Meta-analysis Getachew Mullu Kassa, et al <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-018-0640-2>
- iii Measuring gender norms about relationships in early adolescence: Results from the global early adolescent study. C Moreau, et al. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6293033/>
- iv Volunteerism and Informed Choice <https://www.usaid.gov/global-health/health-areas/family-planning/voluntarism-and-informed-choice>
- v Provider Bias in Family Planning Services: A Review of Its Meaning and Manifestations Julie Solo^a and Mario Festin^b <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6816811/>
- vi Social Determinants of Health https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
- vii Adolescent-Responsive Contraceptive Services: Institutionalizing adolescent-responsive elements to expand access and choice <https://www.fphighimpactpractices.org/briefs/adolescent-responsive-contraceptive-services/>
- viii Universal Health Coverage [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
- ix Sustainable Development Goals 2030 <https://sdgs.un.org/goals>
- x <https://socialprotection-humanrights.org/key-issues/disadvantaged-and-vulnerable-groups/lgbtqi/>
- xi What is Positive Youth Development? <https://www.youthpower.org/positive-youth-development>
- xii Respectful Adolescent Care —A Must-Know Concept Indian Pediatrics <https://www.indianpediatrics.net/nov2019/nov-909-910.htm>
- xiii Other suggestions for meaningful adolescent engagement can be found at MAYE and Youth Power 2 Meaningful Engagement Guide
- xiv Core competencies in adolescent health and development for primary care providers, including a tool to assess the adolescent health and development component in pre-service education of health-care providers. © World Health Organization 2015 http://apps.who.int/iris/bitstream/handle/10665/148354/9789241508315_eng.pdf?sequence=1
- xv Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume I: Standards and criteria World Health Organization 2015 http://apps.who.int/iris/bitstream/handle/10665/183935/9789241549332_vol1_eng.pdf?sequence=1
- xvi What is Positive Youth Development? <https://www.youthpower.org/positive-youth-development>
- xvii <https://www.fphighimpactpractices.org/briefs/adolescent-responsive-contraceptive-services/>
- xviii <https://www.who.int/reproductivehealth/self-care-interventions/definitions/en/>
- xix Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume I: Standards and criteria World Health Organization 2015 http://apps.who.int/iris/bitstream/handle/10665/183935/9789241549332_vol1_eng.pdf?sequence=1
- xx Interventions for Preventing Unintended, Rapid Repeat Pregnancy Among Adolescents: A Review of the Evidence and Lessons From High-Quality Evaluations Maureen Norton, Venkatraman Chandra-Mouli, and Cate Lane. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5752603/>
- xxi Adolescent Health & Development, World Health Organization 2019 <https://medlineplus.gov/ency/article/002003.htm>
- xxii A Conceptual Framework for Reproductive Empowerment, International Center for Research on Women (ICRW) https://www.icrw.org/wp-content/uploads/2018/10/Reproductive-Empowerment-Background-Paper_100318-FINAL.pdf
- xxiii Contraception for Adolescents Nicole Todd and Amanda Black. J Clin Res Pediatr Endocrinol. 2020 Jan;12(Suppl 1): 28–40. 10.4274/jcrpe.galenos.2019.2019.S0003
- xxiv For further information, see <https://www.fphighimpactpractices.org/guides/engaging-men-and-boys-in-family-planning/>
- xxv Gender-transformative programmes: implications for research and action Anna Kågesten Venkatraman Chandra-Mouli December 23, 2019 DOI: [https://doi.org/10.1016/S2214-109X\(19\)30528-5](https://doi.org/10.1016/S2214-109X(19)30528-5)
- xxvi Report: Expert Working Meeting on Sexuality and Child, Early and Forced Marriage (CEFM) March 8-9, 2016 <https://static1.squarespace.com/static/563ff569e4b07bcd9d94b5b1/t/587e62e83e00becc5a8a60a3/1484677903798/CEFMExpertMeetingReport.pdf>
- xxvii For further information, see the WHO/UNICEF Helping Adolescents Thrive Toolkit <https://www.who.int/publications/i/item/9789240025554>
- xxviii Adolescent mental health fact sheet, World Health Organization Sept. 2020 <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- xxix Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. Kessler RC, Angermeyer M, Anthony JC, et al. World Psychiatry 2007; 6: 168–76
- xxx Adolescent mental health fact sheet, World Health Organization Sept. 2020 <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
- xxxi Gender-transformative programmes: implications for research and action Anna Kågesten Venkatraman Chandra-Mouli December 23, 2019 DOI: [https://doi.org/10.1016/S2214-109X\(19\)30528-5](https://doi.org/10.1016/S2214-109X(19)30528-5)
- xxxii World Mental Health Day on 10 October World Health Organization, <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>

Adolescent Competencies



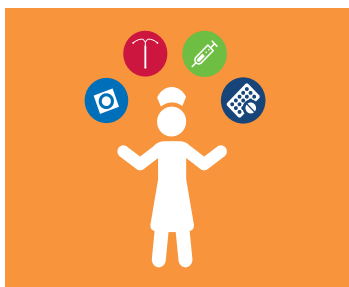
Building Trust for Effective Communication

- Creates 'safe space' - asks questions, listens, has empathy, no judgment or bias.
- Asks about life goals: education/employment & SRH goals: delay marriage/childbearing.
- Accepts **all** adolescents equally - age, status, physical abilities, ethnicity, LGBTQI, etc.
- Recognizes one's influence and doesn't interfere with informed and voluntary choices.



Fostering Early ASRHR Empowerment According to Age & Stage

- Prepares girls for menses/bleeding: keep clean, cope w/symptoms, when to seek care.
- Prepares boys for ejaculations/wet dreams/erections by assuring that it is normal.
- Explains to **all** how periods relate to fertility, how to have safe sex, & **all** contraceptives.
- Discusses how delay of sex prevents pregnancy/STIs/HIV and links to achieving life goals.



Applying Comprehensive Contraceptive Knowledge

- Encourages dual protection & informs on the risks of having sex with multiple partners.
- Describes side effects - menstrual management, when to get help, options for methods.
- Asks about & corrects myths related to ASRHR truthfully, not making them feel foolish.
- Describes emergency contraception to all and provides it to those who want it.



Engaging Adolescent Boys in ASRHR

- Describes benefits and proper use of condoms and provides them to boys.
- Explores beliefs/behaviors on masculinity & helps recognize and correct harmful beliefs.
- Encourages couple communication, while preserving a girl's right to make her choice.
- Helps boys to understand, respect, and promote girls' and women's ASRHR.



Responding to Gender-Based Violence Among Adolescents

- Ensures adolescents know where to find resources and support for abuse/violence.
- Asks routinely about intimate relationships & looks for signs of fear or anxiety.
- Recognizes injuries consistent with abuse: multiple, frequent, patterned injuries.
- Learns/applies strict confidentiality & local/national safety protocols for survivors.



Supporting Adolescent Mental Health and Wellbeing

- Observes behavior for signs of apathy, depression, worry, or emotional distress.
- Demonstrates support by listening carefully and with empathy to adolescents.
- Looks for hopelessness, depression, lack of interest in activities previously enjoyed.
- Refers adolescents to local psychosocial services and/or support.