

## Challenges among health personnel in the provision of health care services among adolescents

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### **Abstract**

This research addresses the understudied area of adolescent health in the Philippines, focusing on Batangueno adolescents. Despite recent positive changes, uncertainties persist about the extent and effectiveness of interventions in this crucial developmental phase, constituting 30% of the Philippine population. The study evaluates the status of adolescent health programs in 12 district hospitals of Batangas, emphasizing Adolescent Friendly Health Facilities (AFHF) certified by the Department of Health (DOH). Utilizing a quantitative research design, the study involves hospital and Rural Health Unit (RHU) nurses. Findings reveal three categories of factors influencing Adolescent Health Services: (1) service-related factors, emphasizing the importance of AFHFs; (2) provider-related factors, linked to healthcare providers' personality traits, including confidentiality, attentiveness, prompt addressing of concerns, patience, and commitment to their job; and (3) client-related factors, focusing on adolescents' capacity to comprehend essential information provided during counseling sessions. Recommendations center on a theory of change intervention to enhance existing adolescent health programs, making them more responsive to client's needs and concerns. Practical insights aim to ensure the sustainability and positive reception of programs by providers, emphasizing the importance of AFHFs and highlighting traits that contribute to effective healthcare provision for adolescents.

**Keywords:** challenges, healthcare services, adolescents, health personnel, Batangueno

## **Challenges among health personnel in the provision of health care services among adolescents**

### **1. Introduction**

Adolescence, a period familiar to teenagers, parents, and youth professionals, is a phase marked by various risks. With increased freedom and independence, young individuals confront new decisions encompassing issues like driving, substance use, and sexual activity, often intertwined. Poor choices concerning these risks can result in severe consequences for individuals, families, and society. Alarming statistics underline these dangers, but they are not unfamiliar to young people. For years, adolescents have been inundated with facts about the risks they encounter. Nevertheless, attempts to instill fear in young decision-makers using numerical data and percentages have yielded limited success. Evidence suggests that some programs that raise awareness of risks, like DARE, may inadvertently increase the behaviors they aim to prevent. To mitigate adolescent risk-taking, a different approach is necessary to acknowledge how adolescents think and reason.

A growing body of scientific evidence indicates that young people are keenly aware of their vulnerability. Adolescents can make quite accurate estimations of some of their risks, such as the likelihood of becoming a parent by the age of 20. In fact, they tend to overestimate the risks of negative outcomes, including contracting HIV and other STDs, developing lung cancer, and experiencing adverse effects of alcohol consumption. While it is true that young individuals sometimes exhibit an optimistic bias, perceiving themselves as less at risk than their peers, it is important to note that adults also fall prey to the same cognitive fallacy. Therefore, this bias alone does not explain why adolescents engage in risk-taking behaviors that adults tend to avoid. Due to both developmental and epidemiological considerations, it is essential to provide young individuals with primary care models tailored to their specific needs during adolescence. In the past twenty years, substantial literature has addressed the challenges encountered by young people when seeking healthcare. Globally, ongoing efforts aim to eliminate these obstacles and ensure that young people can access the necessary health services. Regrettably, there is a scarcity of substantial evidence in this regard, as many of these initiatives have not undergone proper evaluation.

Globally, HIV/AIDS and depression are the primary causes of the disease burden among young people aged 10 to 24 years. Half of all newly acquired HIV infections occur in this age group, with the majority of affected individuals residing in developing countries. Both in developed and developing nations, mental disorders represent a significant share of the disease burden for young people. Research indicates that psychosocial issues, such as intentional and unintentional injuries, mental disorders, adolescent pregnancies, HIV/AIDS, and sexually transmitted infections, contribute substantially to the overall disease burden for young individuals. Numerous studies have emphasized disparities in service provision and social context. Interestingly, the pattern of seeking help exhibits remarkable similarities, whether in developed or developing regions. Research indicates that 70-90% of young people contact primary-care services at least once annually, primarily for respiratory or dermatological issues. However, when dealing with mental health concerns, they tend to seek assistance from friends and family rather than healthcare services. Given the significant mismatch between the types of services young people seek from primary healthcare professionals and the major disease burdens they face (including mental disorders, sexually transmitted diseases, and teen pregnancies), much effort has been devoted to understanding the barriers that hinder young people from accessing care.

Simultaneously, numerous initiatives aimed at providing adolescent-friendly healthcare are emerging worldwide. As an illustration, in the state of New South Wales in Australia, over 70 such initiatives have been identified. Given the diverse range of approaches for delivering healthcare to young people, assessing the evidence supporting particular initiatives is vital. Three primary approaches have been employed to enhance healthcare providers' performance when caring for adolescents: providing guidelines, provider training, and

quality-improvement strategies that integrate provider training. It has been recognized as essential that solely offering guidelines and provider training has limitations in bringing about consistent improvements in practitioners' performance and ensuring the delivery of quality adolescent-friendly services in healthcare facilities.

In Batangas, a Three-pronged Approach Model- a multi-agency referral system was established by the Province led by the Provincial Health Office to address adolescent health care needs, including social behavior change to referral from school to rural health unit to hospital. Under the three-pronged approach, the school-based THKs provide venue for open, interactive and non-judgmental discussions among students on five standard topics, namely, Adolescent Development; Sex, Gender and Development; Teen Pregnancy; HIV and AIDS; and Responsible Parenthood and Family Planning. These are made possible through peer education sessions facilitated by trained students and supervised by THK advisers, youth forums, and special events.

With the establishment of these Adolescent Friendly Health Facilities (AFHF), cases of teenage pregnancy has reduced and access to health services was documented to be increasing progressively. The occurrence of the COVID-19 pandemic in Quarter one of 2020 in the Province of Batangas has challenged the health work force in the delivery of quality health care and services among the vulnerable population of adolescents and youth. The researcher, as the Provincial Program Manager for Adolescent Health and Development Program (AHDP) for Batangas, intended to be acquainted with the challenges in the practices of Adolescent Friendly Health Facilities which includes both Rural Health Units/City Health Offices and District Hospitals towards the adolescent client that they handle. This research aims to determine how they are able to sustain the provision of essential health needs of the Teenagers, single out deviation from the Provider's practice of handling adolescent health needs, and to be able to link the possibilities of expanding the possible solution based on the identified challenges and the existing paradigm. This research utilized a quantitative research design with a total population of 100 Hospital and RHU nurses with an institutionalized and DOH-certified level 1, level 2, and level 3 Adolescent Friendly Health Facility in the Province of Batangas. The qualitative data generated in this study with open-ended questions.

**Objectives of the Study** - This study aimed to qualitatively determine the practices and challenges of health service providers (HSPs) who are handling teenagers based on the standard institutional protocol and develop an enhanced practice-based guideline for of health service providers (HSPs) based on the identified problems.

## 2. Methods

**Research Design** - The researcher focused on the study about the Challenges among Health Personnel in the Provision of Health Care Services Among Adolescents. Patrik Aspers, U. C. (2019) defines qualitative research and explores more about the experiences, beliefs, attitudes, and thoughts to provide a deep understanding of the occurrence and validate all the data given in the descriptive pattern. This approach accommodated the perception of the researchers and participants to identify the core of the study and will utilize qualitative design for the study to determine, assess, and examine Challenges among Health Personnel in the Provision of Health Care Services Among Adolescents. Quantitative research design with open-ended questions was utilized in this study. It also employed quantitative descriptive methodology through the identification of practices of the health service providers before pandemic and practices of health service providers during pandemic. A survey questionnaire was utilized to reflect on the changes that occurred in the Adolescent Friendly Health facilities as experienced by the health service providers, how they were able to cope with the changes, health service providers encountered challenges, and their recommendations to further improve support the data gathered primarily in the quantitative phase.


**Participants of the Study** - The study was conducted with the 12 Chief Nurses and 12 health service providers of the 12 District Hospitals namely 1.) Lipa City District Hospital, 2.) Laurel Memorial District Hospital, 3.) Mahal na Virgen Maria Sto. Rosario District Hospital, 4.) San Juan District Hospital, 5.) Dr. Ernesto

H. Malabanan Memorial Hospital, 6.) San Jose District Hospital, 7.) Lobo Municipal Hospital, 8.) Martin Marasigan Memorial District Hospital, 9.) Batangas Provincial Hospital, 10.) Don Manuel Lopez Memorial District Hospital, 11.) Apacible Memorial District Hospital, 12.) Calatagan Medicare Hospital who are DOH certified level 1 and level 2 Adolescent Friendly Health Facilities in Batangas. Total population sampling was used in the data gathering. The saturation of data has been achieved based on the gathered responses from the health professionals and adolescent health care providers attending to adolescent and youth services.

**Data Gathering Instrument and Procedure** - A self-report questionnaire and a set of open-ended questions was applied in this study. Face validity was done and approved by experts. The data were collected through survey questionnaire through a focus group discussion (FGD) for the 12 District Hospitals health service providers of Batangas province. Total population sampling was used in the data gathering. The participants were informed of the purpose of the study and were handed with a hard copy of the questionnaire which included their practices in handling teen/adolescent clients. The results were encoded, summarized, and will be analyzed. Due to conflict of schedules of the target participants, the questionnaires were facilitated through a focus group discussion (FGD) conducted in Batangas Country Club, Bolbok, Batangas City in June 2023. The FGD was facilitated and lasted one and a half hour (1.5 hours).

**Ethical Considerations** - The first step to conduct the study is to obtain an approval from the research instrument proponent, nursing school, and nursing administration and research ethical committee. Nurses who participated in this research have received an explanation of the purpose of this study. The participants were informed that they have the right to choose not to complete and to exit from the study if they decide to. In addition, health service providers involved in this study were provided with an official consent and the anonymity and confidentiality of all participants were ensured.

**Data Analysis** - The information gathered from the questionnaires and fieldnotes underwent a process of revision and extraction, wherein noteworthy statements pertinent to the study were identified. To delve deeper into the participants' narratives, a thematic analysis approach was employed, employing Colaizzi's method of

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
Familiarisation	Identifying significant statements	Formulating meanings	Clustering themes	Developing an exhaustive description	Producing the fundamental structure	Seeking verification of the fundamental structure
The researchers became familiar with and understood the fullness of the participants' experiences by reading through all the participants' accounts several times.	The researchers identified all statements in the accounts that were of direct relevance to the phenomenon under investigation.	The researchers identified meanings relevant to the phenomenon that arose from a careful consideration of the significant statements.	The researchers clustered the identified meanings into themes that were common across all accounts.	The researchers wrote a full and inclusive description of the phenomenon, incorporating all the themes produced in step 4.	The researchers condensed the exhaustive descriptive description down to a short, dense statement that captured just those aspects deemed to be essential to the structure of the phenomenon.	The researchers returned the fundamental structure statement to the participants to ask whether it captured their experiences.
<p>Researchers may go back and modify earlier steps in the analysis in the light of participants' feedback.</p> 						

**Colaizzi's method of data analysis consists of seven steps**

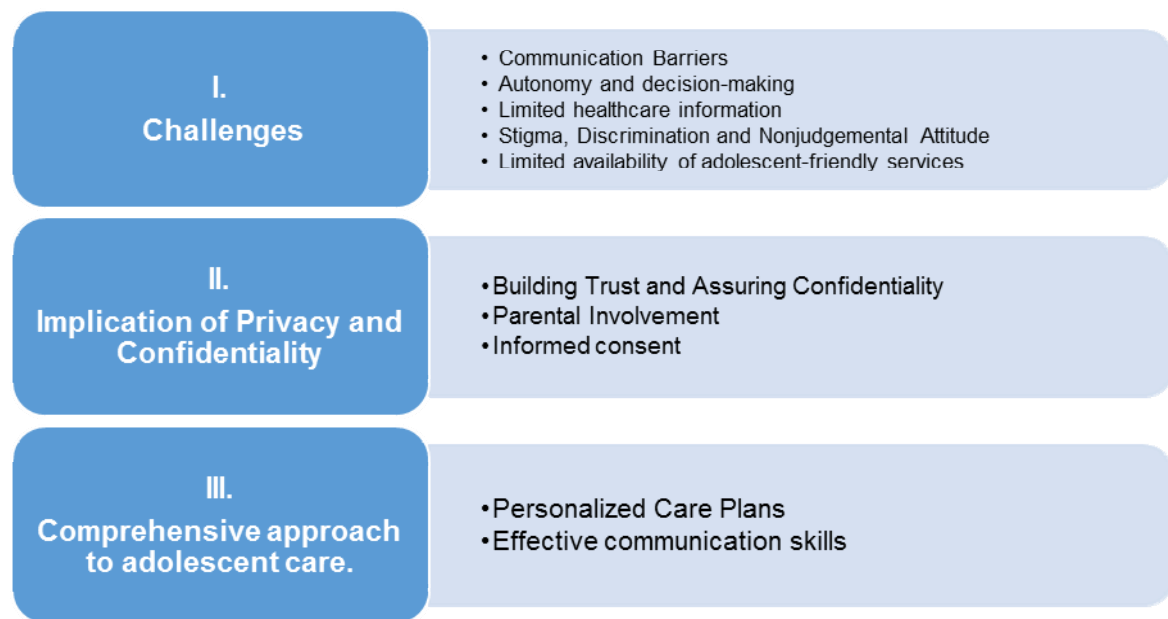
1. Read and reread all the participants' verbatim transcripts of the phenomena to acquire a feeling for them.
2. Significant statements or phrases are extracted from participants' transcripts pertaining directly to the research phenomena.
3. Formulated meanings are constructed from the significant statements.
4. Formulated meanings are arranged into themes.
5. Incorporation of the results into a rich and exhaustive description of the lived experience.
6. Validation of the exhaustive description from the participants involved in the research.
7. Incorporation of any new or pertinent data obtained from participants' validation, and adapted to attain congruence with the lived experience of the participants' studied.

colaizzi's method of data analysis

data analysis as illustrated in Tables 1 and 2.

Colaizzi's method is designed to reveal the essence of the "lived experience" by dissecting the transcribed text. Its principal objective is to enhance comprehension of the significance inherent in these experiences. This approach is instrumental in extracting profound insights and understanding the intricacies of the participants' lived experiences, thus contributing to the broader scope of the study. Recorded answers to the open-ended questions were tabulated and were carefully analyzed which served as support in the qualitative findings. They were used in creating an Adolescent Friendly Health Facility Model of Metamorphosis which can be utilized as a decision-making tool in the modification of practices in the Adolescent Friendly Health Facility into a tailored fit approach.

### 3. Results and discussion



*Emergent Themes and Subthemes*

Figure 4 above displays the emergent themes and subthemes from the gathered data from interviews. This data provides a holistic description of the concept being studied and allows opportunities to uncover significant information that is beyond the scope of quantitative analysis.

#### Theme 1: Challenges

This theme presents the experience of the respondents towards the challenges in dealing with adolescent clients including the communication barriers, decision making of adolescents where to get the services. It also presents the level of healthcare information that may affect the health seeking behaviors of adolescents. Also, stigma, discrimination and nonjudgmental attitude of providers towards clients, and limited availability of adolescent-friendly services which may prevent adolescents from seeking appropriate health care.

**Subtheme 1: Communication Barriers** - Adolescents may have difficulty expressing their health concerns or understanding medical jargon. They may feel uncomfortable discussing personal or sensitive topics with healthcare providers, leading to a breakdown in communication.

*“nahihiya ang mga kabataan sa magulang kaya hindi nila nasasabi ang nararamdaman nila” [ the adolescents are shy to tell their feelings with their parents]*

*“Hindi nakikipag cooperate kasi takot sa magulang, kamaag anak at health service providers”[Uncooperative adolescent due to fear of parents, guardian and the health service providers]*

*“Nahihirapan sabihin ang kanilang kailangan”[Difficulty of sharing their own health needs]*

*“Hindi tanggap ng magulang kaya hindi madaling makipag cooperate”[Difficulty of acceptance of parents leading to uncooperative attitude]*

*“Hindi sumusunod sa mga panuntunan na sinasabi sa kanila”[Non compliance to instructions provided to them]*

*“Nahihirapan sumunod at umintindi sa mga polisiya ng pasilidad”[Difficult to adhere some of our facility policies]*

*“Nakukuha ang kanilang tiwala sa unang pagkikita” [Gaining their trust on the initial encounter]*

*“Ang mga kabataan ay kulang ng kaalaman” [Adolescence lack of knowledge]*

**Subtheme 2: Autonomy and Decision-making** - Adolescents may assert their independence and desire to make decisions about their own health. Healthcare providers need to strike a balance between respecting their autonomy and ensuring their safety and well-being. Confidentiality and privacy: Adolescents value their privacy, and healthcare providers must respect their right to confidentiality. However, there are legal and ethical considerations, such as reporting potential harm to self or others, which may limit the extent of confidentiality.

*“ kalimitan, ang mga kabataan ay mas gusto sila ang nasusunod sa mga desisyon nila sa kanilang kalusugan” [ More often, adolescents like to decide for themselves when it comes to their health]*

*“Ayaw sabihin ang totoong nararamdaman kapag health worker ang kaharap” [Don’t like to tell the truth when they are talking with health workers]*

*“Nahihirapan mag express ng kanilang damdamin” [Difficulty of sharing their own feelings]*

According to the Department of Health, significant involvement of young individuals empowers them to play an active part in shaping decisions that impact their lives. In the Philippines, the government acknowledges youth participation through its National Commission on Youth and the Philippines Youth Development Plan (PYDP) 2017-2022. Various tiers of substantial youth involvement exist within programs, policies, and organizations. These initiatives strive for a collaborative relationship between young individuals and adults, where both parties are equally engaged and have shared authority in shaping, executing, and overseeing AYSRH interventions.

**Subtheme 3: Limited Healthcare Information** - Respondents noted that adolescents most of the time begin to question things, especially those which they don’t understand which often guides their actions and choices. They sometimes believe that there is no sense in going to teen clinics because they can handle their own problems.

*“ Hindi alam ng mga kabataan kung sino ang una nilang lalapitan kapag health nila ang pinag-uusapan” [Adolescents don’t know who to look for about their health and well-being]*

*“Kulang pa ang kanilang kaalaman tungkol sa mga bagay na may kinalaman sa kanilang health” [Their knowledge about their health is not enough]*

*“Hindi sila nag pupunta ng kusa sa health clinic o health center kasi feeling nila ay kaya naman nila ang kanilang pinagdadaanan” [They don’t go willingly to health clinics or health centers because they feel they can do it on their own]*

Adolescents may have limited knowledge or understanding of health-related information. Healthcare providers need to provide clear, age-appropriate explanations and education to ensure adolescents can make informed decisions about their health. Likewise, adolescents may lack knowledge about available healthcare services, their rights as patients, and how to navigate the healthcare system. This can prevent them from seeking appropriate care or accessing necessary resources. Adolescents often rely on parents or guardians to make healthcare decisions for them. This can create barriers if there is a lack of communication or disagreement between the adolescent and their parents regarding healthcare needs, especially in sensitive areas such as reproductive health or mental health.

**Sub-Theme 4: Stigma, Discrimination and Nonjudgmental attitude** - Adolescents may encounter stigma or discrimination when seeking healthcare, particularly related to mental health, sexual health, substance use, or

LGBTQ+ health. Fear of judgment or mistreatment may discourage them from accessing care or discussing their concerns openly, leading to unmet healthcare needs and negative health outcomes.

*“Takot mapagalitan ng health care worker” [They are afraid of being scolded by the health care workers]*

*“Takot mapahiya sa ibang tao kapag kausap ang BHW o midwife” [Afraid of being exposed to other clients when talking with BHWs or midwives]*

The provision of a comfortable and nonjudgmental environment in which teenagers can express themselves freely can avoid making assumptions about their experiences, decisions, or feelings. This will also encourage them to express themselves without fear of repercussions.

**Sub-Theme 5: Limited Availability of Adolescent-Friendly Services** - Healthcare services that specifically cater to the needs of adolescents may be limited in certain areas. Lack of specialized healthcare providers, youth-friendly clinics, or age-appropriate resources can make it challenging for adolescents to find suitable care and support.

*“Walang alam patungkol sa kanilang pupuntahan na center para sa kabataan” [They don’t know available adolescent-friendly place or health facility to go to]*

*“Hindi ready ang facility para sa adolescent clients” [Health facilities not ready to cater for adolescent clients]*

*“Walang trained health service providers para sa adolescent health” [No trained health service providers to cater for adolescent health needs]*

According to the USAID’s ReachHealth, adolescent and youth-friendly health services (AYFHS) should be available in an environment where service providers interact with adolescents and youth in a non-judgmental, unbiased, and compassionate manner. These providers should possess the necessary competencies to deliver sexual and reproductive health (SRH) services that are responsive to the unique needs of young individuals. Health facilities must be well-equipped to deliver the services adolescents and youth require, along with the commodities they desire, in an attractive and welcoming manner. Adolescents should be aware of where they can access these services, and community members should understand the specific health service needs of diverse groups of adolescents and youth and support their provision.

Given the distinctive stage of development that adolescents and youth are in, their meaningful involvement is crucial. They should participate actively in the planning, implementation, monitoring, and evaluation of health services, as well as in decisions regarding their own care. Additionally, the characteristics of the health facilities that young people visit are just as significant as the service providers they encounter and the range of choices available to them for making informed decisions.

## **Theme 2: Implication of Privacy and Confidentiality**

This theme presents the experience of the respondents towards the Implication of Privacy and Confidentiality in dealing with adolescent clients.

**Sub-Theme 1: Building Trust and Assuring Confidentiality** - Adolescents may be hesitant to share sensitive information if they are concerned about their confidentiality being breached. Ensuring strict confidentiality and privacy measures can help build trust and encourage adolescents to be more open about their health concerns and behaviors. Create a trusting and confidential relationship with teenagers so that they feel comfortable sharing their issues. Assure them that their privacy will be respected, while also ensuring that reasonable exceptions to confidentiality are properly communicated.

*“Nahihiyang mag open up sa health worker dahil naririnig at nakikita sila ng ibang tao na pumunta sa health center” [They are shy to open up/confide with the health worker because of privacy, others may hear or see them seeking for help]*

*“Walang safe space for confidentiality at privacy” [Health facilities lack of private space for privacy and confidentiality]*

Numerous health centers lack sufficient private consultation rooms for one-on-one meetings with adolescents. In some instances, health centers possess private spaces for doctors but not for counseling adolescents or collecting information. Particularly in resource-constrained settings, many consultation areas lack privacy, as they are visible or audible from hallways or adjacent areas due to thin or nonexistent walls or doors. Some health centers resort to using curtains to separate these areas. Ideally, healthcare providers should reinforce the walls and doors of consultation rooms to ensure privacy.

In numerous healthcare settings, healthcare workers often fail to safeguard adolescents' privacy. For example, receptionists frequently ask adolescents to state the purpose of their visit in front of other patients in the reception area, which may be uncomfortable for adolescents. To address these challenges, healthcare providers can enhance the availability of private space by making more efficient use of existing space (e.g., by clearing out a back room), partitioning rooms, or even expanding the health center if feasible. When expansion is not an option, they should explore ways to adjust patient flow, such as reassigning the responsibility for gathering intake information from a receptionist to another provider. Managers can tackle this issue by ensuring that all staff members receive training on the potential risks associated with a lack of privacy and confidentiality (resources like DOH Adolescent Job Aid Training and ADEPT e-learning provide discussions on the importance of privacy and confidentiality).

**Sub-Theme 2: Parental Involvement** - In many cases, parents or legal guardians are involved in the healthcare of adolescent patients. Balancing confidentiality with the involvement of parents can be challenging. Healthcare professionals often aim to promote open communication between parents and adolescents while respecting the adolescent's right to privacy, especially when dealing with sensitive topics like mental health or sexual health.

*“Gusto kalimitan ng mga guardian o magulang na kasama during counseling” [Guardians or parents likes to join their adolescent child during counseling]*

*“Hindi makapag salita at makapagsabi ng totoo ang teenager sa tabi ng magulang” [Teenager are not able to speak freely and truthfully with their parents by their side]*

Many parents desire to be present when meeting with a healthcare provider, and it's important for health centers to honor their preferences. However, healthcare providers must also recognize that, in certain cases, the parents or accompanying family members might be potential abusers, may pose a risk of violence, or could disclose confidential information to a violent household member. Healthcare providers should collaborate with their staff to establish policies outlining under what circumstances family and friends may accompany adolescents during various phases of the consultation. These policies should strike a balance between safeguarding adolescents' privacy and respecting their preference to have a family member or friend present during the consultation. Preserving adolescents' privacy might entail healthcare providers understanding the potential risks, using their discretion regarding the information to discuss in the presence of family members, and devising creative strategies to obtain consent and divert family members who may actively attempt to hinder adolescents from consulting with a healthcare provider in private. Additionally, providing leaflets or reading materials to the accompanying adults and explaining to them that healthcare providers should meet with adolescents privately can be beneficial.

**Sub-Theme 3: Informed Consent** - Adolescents have the right to be informed about their healthcare options



and make decisions about their own health. Confidentiality plays a crucial role in this process, allowing adolescents to seek information, ask questions, and make decisions without fear of judgment or unauthorized disclosure.

*“Nagtatanong kung pwede kumuha ng services without parents consent” [ Asking if they can avail services without parent’s consent]*

*“Kailangan pa po ba na magpaalam sa magulang kung gusto ng Family Planning services?” [Do we need to ask our parents consent to get Family Planning services?]*

As stipulated in Section 4.07 of the Implementing Rules and Regulations (IRR) of Republic Act 10354, concerning the Access of Minors to Family Planning Services, it is mandated that any minor seeking consultation at healthcare facilities must receive counseling that is suitable for their age, focusing on responsible parenthood and reproductive health. Additionally, healthcare facilities are authorized to provide family planning health products and perform related procedures, with certain conditions applicable in public health facilities. The conditions for the provision of family planning services in public health facilities, in relation to minors, are as follows: (a) The minor must furnish written consent from a parent or legal guardian.

In essence, this section emphasizes the importance of age-appropriate counseling for minors accessing healthcare services related to responsible parenthood and reproductive health. It also outlines the circumstances under which public health facilities may offer family planning services to minors, highlighting the requirement of written consent from a parent or guardian. This framework seeks to balance the healthcare needs of minors with the role of parental consent in certain family planning situations.

### **Theme 3: Comprehensive Approach to Adolescent Care**

This theme presents the experience of the respondents towards comprehensive approach to adolescent care which can contribute to improvement on the delivery of care to adolescent clients. This includes This includes personalized care plans and effective communication skills.

**Sub-Theme 1: Personalized Care Plans** - Develop personalized care plans that target each adolescent's distinct needs and goals. Setting realistic therapy goals, embracing the adolescent's preferences and values, and involving them in decision-making whenever possible are all part of this.

*“Dapat may sadyang schedule at hiwalay na serbisyo lang para sa mga kabatan” [There should be a separate schedule and menu of services intended for adolescents only]*

*“Kung pwede ipaalam sa kumunidad at schools ang serbisyo para sa mga kabataan?” [Allow to advocate at the community and schools all services for adolescents].*

In general, as highlighted from the focus group discussion, adolescent population specifically in Batangas are not that aware with the health services available for them in health facilities. They still lack knowledge which needs to be educated. On the otherhand, both health facilities and health service providers should be equipped with the necessary capacity and skills to adhere with the adolescent health care needs, to give holistic non-biased approach in providing quality health services to adolescent clients.

**Sub-Theme 2: Effective Communication Skills** - Effective communication implies two-way interaction. Encouraging adolescents to voice their ideas, concerns, and questions, and foster an environment of open discourse and mutual respect. Service providers can effectively engage and support teenagers on their path to growth and well-being by employing these communication skills. Provider must engage in communicating to adolescents that their ideas, concerns, and opinions are respected. By giving them the undivided attention, keeping an eye contact, refraining from interrupting and reflecting their words back to them ensure comprehension and empathy. Using an open-ended questions will encourage adolescents to share additional

information and express their opinions, feelings and health concerns, thereby helping the health provider to gather more accurate data and information which will be of great help in the formulation and adherence of his/her treatment plan.

*“Mahusay dapat ang health service provider makipag usap sa kanilang teen clients” [Health Service Providers should be good in dealing and communicating with their adolescent clients.]*

*“Tukuyin ang treatment plan para sa isang teen client” [ Find out the treatment plan for a teen client]*

*“Kung pwede ipaalam sa kumunidad at schools ang serbisyo para sa mga kabataan?” [Allow to advocate at the community and schools all services for adolescents].*

In accordance with DOH standards, healthcare providers should possess a fundamental understanding of the following topics:

- The Essential Package for Adolescent and Youth-Friendly Health Services (AYFHS)
- Value clarification and attitude transformation regarding adolescent and youth sexuality, as well as the provision of services such as contraception
- Privacy and confidentiality
- Characteristics of adolescent growth and development, including neurobiological, developmental, and physical aspects that impact health.

Collaborate with the Reproductive Health focal person and facility in-charges to identify subjects that align with the learning needs and interests of the staff in the realm of adolescent and youth sexual and reproductive health (AYSRH). In the endeavor to establish a welcoming and accessible service delivery environment for adolescents, facility in-charges/managers should strategize for two distinct yet complementary approaches:

#### **Whole Site Orientation (WSO)**

WSO is a cost-effective method aimed at orienting all staff, both clinical and non-clinical, on adolescent health and development issues and the advantages of AYSRH. This includes personnel at all levels of the health facility, such as boards of directors, senior managers, healthcare providers, barangay health workers, guards, receptionists, and others. Orientation sessions are designed to be "low-dose, high frequency," meaning they are shorter and spread out over several days to prevent staff from being away from their duties for extended periods and to minimize service disruptions. These sessions are conducted on-site at the facility itself. WSO ensures that informed staff become the primary advocates for AYSRH, capable of directing, counseling, and providing services appropriately.

#### **Competency-Based Training**

In contrast, training is aimed at enhancing the specific clinical knowledge and skills of health care managers, administrators, and providers to enhance the delivery of clinical services to adolescents. The Department of Health offers various capacity-building training opportunities for healthcare providers, including:

- Competency Training on Adolescent Health for Health Service Providers (Reference Material)
- Adolescent Job Aid Training Manual
- Adolescent Health Education and Practical Training (ADEPT) E-Learning Toolkit
- Healthy Young Ones User Guide for Primary Healthcare Providers

#### 4. Conclusions and recommendations

The study have highlighted three types of factors to influence Adolescent Health Services in either favorable or unfavorable ways: (1) service-related, (2) provider-related, and (3) client-related. The service-related factor most mentioned by the providers was the availability of Adolescent Friendly Health Facility. AFHF services matters greatly because they affect staffing, training, the capacity to upgrade health centers, and availability of adolescent health services. As a nurse said, 'Sometimes instead of giving the intervention, we are forced to only give half or less because we are not capacitated to cater adolescent clients. In some situations, they are forced to do what is routine.

The provider-related factors concerned the personality traits of the providers. Facilitating factors were providers' traits like knowing how to keep clients' information private and confidential to protect the client from gossip, attentiveness and willingness to listen to clients' concerns and worries, responding to questions, being patient and considerate, being able to calm and assuage patients' fears, and dedication to the job. As a nurse said, 'But of course, some health providers cannot avoid saying comments like "how come you are so young and got pregnant" in a loud voice'. Similarly, a midwife said, 'We know many cases where patients were judged. Like if you are taking pills but you got pregnant, we will laugh at that.

The client-related factors that affect adolescent health services mainly pertained to their capacity to understand important information from provider counseling. This includes knowledge about certain health issue, the types of sources (like peers or the Internet) they consult for health information, their cultural and religious beliefs, and their own or others' experiences with health services affects their judgment and willingness to give it a try.

This study recommends that:

**Reduce Provider Bias.** Provider biases are major barriers to improving the quality of adolescent health services. They are also barriers to reducing the teenage pregnancy rate and likely contribute to the hostility that adolescent clients reported encountering from health service providers. Changing these types of entrenched provider biases will not be easy, and developing and testing provider education, supervision, and other interventions will need to be part of an adolescent health program.

**Level Off the Understanding of Adolescent Health Services and Roles.** Different types of providers and clients often used the same terms to mean quite different things. Due to high case workloads and multi-tasking, there was also some blurring of the perceived roles and functions among the front-line providers for promoting adolescent health. Levelling off concepts and roles is imperative at the start of an adolescent health program, along with training and coaching on how data can be used to improve adolescent health services.

**Design New Digital Communication Strategies for Reaching Clients and Potential Clients.** Use of digital technology (i.e., mobile phones and social media) for communication, recreation, and information has greatly increased in recent years for people from practically all walks of life in the Philippines. This study found that there is a need to provide more accessible and confidential sources of accurate medical information for adolescents about their rights, health, and safety.

**Establishment or setting up of Adolescent-Friendly Health Facilities in all Health Facilities.** The Department of Health (DOH) issued a memorandum to all regional directors and chiefs of hospitals on January 24, 2017 with an Adolescent Friendly Health Facility Standard Evaluation Tool. To encourage health facilities to achieve Level 3, there can be a recognition of facilities by DOH CHD/LGUs as initiated in 2019.

- Department Memorandum 2017-0098: Adolescent-friendly Health Facility Evaluation Tool (Level 1, 2, 3 Criteria), wherein a health facility conducts a self-assessment to see if they are in compliance with the National Standards and then a validation is done at the next level to confirm recognition. For Level 2,

the assessment is conducted jointly by the regional DOH office and province. To obtain Level 3, the facility must be validated by the national level AHD TWG – which comprises DOH, youth-led organizations, Department of Social Welfare and others.

The assessment/checklist was developed based on the national standards for the provision of adolescent and youth-friendly health services:

- Standard 1: Adolescents in the catchment area of the facility are aware about the health services it provides and find the health facility easy to reach and obtain services from it (Accessible)
- Standard 2: The services provided by health facilities to adolescents are in line with the accepted package of health services and provided on site or through referral linkages by well-trained staff effectively (Appropriate package of services and trained providers)
- Standard 3: The health services are provided in ways that respect the rights of adolescents and their privacy and confidentiality. Adolescents find surroundings and procedures of the health facility appealing and acceptable (Facility characteristics)
- Standard 4: An enabling environment exists in the community for adolescents to seek and utilize the health services that they need and for the health care providers to provide the needed services (Community support)

The key elements for operationalizing the standards include:

- Ensuring privacy (audible and visual privacy)
- Strengthening confidentiality
- Enhancing capacities of healthcare providers
- Health promotion and communication (behavior change)
- Resource mobilization
- Data gathering, documentation, monitoring, analysis and data use for decision-making

The LGU identifies and nominates facility(ies) to be an adolescent-friendly health facility (AFHF). Then, the facility completes Level 1 self-assessment. Based on the self-assessment, the facility looks at the needed gaps and resources. They may draw up a formal or informal action plan which is then discussed with the office of health/health coordinator who can help support logistics, equipment, etc. If desire to go from level 1 to level 3, then the facility will come up with a workplan and then ask for formal accreditation/validation team. After validation, then they can be assessed for the next level of accreditation. Establishment or setting up of Adolescent-Friendly Health Facilities in Schools. The Province of Cavite and the Cities of Batangas, Lipa and Tanauan in the Province of Batangas served as convergence sites for the Adolescent Health and Development Program (AHDP) of the USAID/LuzonHealth Project. To address the issue of increasing incidence of teen pregnancy in these areas, Cavite and the three Batangas cities adopted a three-pronged approach involving three contact points among adolescents.

The first is the school-based Teen Health Kiosk (THK) which was established in 11 national high schools in Cavite and seven public and private high schools in Batangas to serve as an Information, Peer Assistance and Referral Hub on adolescent sexual and reproductive health (ASRH) and teen pregnancy. Second is the adolescent-friendly Rural Health Unit (RHU) which receives FP/MNCHN and other medical referrals from school-based THKs and communities. Third is the Teen Parents' Clinic (TPC) established at the General Emilio Aguinaldo Memorial Hospital/Treceño Medical Pavilion in Cavite, and Batangas Medical Center, Lipa District Hospital and Laurel Memorial District Hospital in Batangas, which serve as end-referral facilities for pregnant

adolescents aged 10-19.

Under the three-pronged approach, the school-based THKs provide venue for open, interactive and non-judgmental discussions among students on five standard topics, namely, Adolescent Development; Sex, Gender and Development; Teen Pregnancy; HIV and AIDS; and Responsible Parenthood and Family Planning. These are made possible through peer education sessions facilitated by trained students and supervised by THK advisers, youth forums, and special events. For the future researchers and program managers. Can use the findings provide themes and practical insights for an intervention-focused theory of change on how to improve current adolescent health program, be more responsive to the needs and concerns of clients and potential clients and be well-accepted and sustained by providers.

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