Adolescent-Friendly Health Interventions in Low- and Middle-Income Countries: A Scoping Review

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Introduction

Adolescents comprise one-sixth of the world’s population, yet there is no clear understanding of the features that promote adolescent-friendly healthcare. The lack of clarity and consistency around a definition presents a vital gap in healthcare, as 97% of all adolescent mortality occurs in low and middle-income countries (LMICs). Around 90% of youth with mental health problems reside in LMICs. Mental and substance abuse disorders contribute to the burden of disease in LMICs,

Aims

The following research questions were central to this inquiry.

• What are the key components of adolescent-friendly health interventions in LMICs?
• What are the barriers and facilitators of adolescent-friendly health interventions in LMICs?

Methods

The review was conducted following the PRISMA-ScR guidelines.

Databases: CAB Direct (n = 12), CINAHL (n = 67), Cochrane Databases (n = 1114), Embase (n = 1224), Global Health Medicus (n = 4017), PsycINFO (n = 156), and PubMed (n = 690).

Screening: The title, abstract and full-text screening was double-screened by three independent reviewers.

Quality Appraisal: Three independent reviewers also assessed the study’s quality using the Joanna Briggs Initiative (JBI) quality appraisal tools.

Data extraction: The authors evaluated the findings from the peer-reviewed literature against the WHO and UNICEF guidelines to understand the features of adolescent-friendly interventions better.

Results

Study Characteristics: 14 studies were included in the scoping review, they were conducted in a range of geographic regions, and the studies followed either an RCT (n=10) or quasi-experimental (n=4) study design. Whilst most (n=11) of the studies focused on physical health, specifically sexual and reproductive health (n=5), only four studies addressed mental health topics.

Components of an Adolescent-friendly Intervention:

• Most (n=10) of the interventions met all of the criteria for the WHO Quality Assessment Guidebook.1
• Several of the studies discussed the criteria included in The Clinical Assessment of Youth-Friendly Services
• Nearly all the studies (n=10) met the WHO Quality Assessment Guidebook
• Similarly, several studies did not meet the WHO AA-HA2 (n=4) and UNICEF3 (n=6) criteria. These policy documents focused on supporting meaningful adolescent involvement, and the level of youth participation varied considerably across the studies.

Barriers to conducting adolescent-friendly health intervention studies in LMICs: short study duration; small sample size; small geographical region; limited data collection, non-random allocation; and poor reliability of the psychometric instruments. Poor literacy levels COVID restrictions impact social distancing and data collection; familial and personal barriers; limited access to technological resources; little input from students and poor attrition due to negative attitudes.

Facilitators to conducting adolescent health intervention studies in LMICs: conducting community-based studies in rural areas; peer involvement; understanding the political and social environment; utilising a longitudinal study which provides visual aids making information culturally adapted; and piloting to ensure that it is meaningful for participants. Involvement from key stakeholders; ensuring accessibility such as adopting a text messaging intervention; increasing knowledge of the topic; utilising school-based programs as teachers can act as role models and schools can become healthier environments for adolescents.

Quality Appraisal:

Overall, there is a need concealment among studies and quasi-experimental studies need to conduct follow-up assessments to provide more comprehensive information about the impact of the delivered interventions.

Discussion

The included peer-reviewed studies incorporated key elements of adolescent-friendly interventions in line with the WHO and UNICEF standards. Although not all the key recommendations were described in each included study, every paper discussed at least one key element from the WHO or UNICEF guidelines. Much of the guidelines outlined by the WHO and UNICEF were considered, but in nearly all the papers, these features needed to be clearly reported. The included studies contained key features of adolescent-friendly interventions; these components included fostering a welcoming and non-judgmental environment, providing culturally appropriate and responsive services, and focused support for marginalized communities within high-poverty settings. These key features confer with guidelines from grey literature.

References
