

# 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, suggesting the importance of integrating mental health into adolescent-friendly care.

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## 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?

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## 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.

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## 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-HA<sup>(2)</sup> (n= 4) and UNICEF (3) (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.

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## 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.

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## References

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