

POLICY BRIEF

IMPROVING YOUTH-FRIENDLY SERVICES (YFHS) IN THAILAND



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DEPARTMENT OF HEALTH



Introduction

Of the 66.18 million people living in Thailand, approximately 8 million are adolescents aged 10–19 years and approximately 8.5 million are youth aged 15–24 (NSO, 2020). Meeting the health and well-being needs of every young person in Thailand is not only important for each individual but is also crucial for the country as a whole to develop to its full potential.

In order to respond to the specific health needs of youth, in 1997 Thailand adopted a policy on promoting Youth-Friendly Health Services (YFHS) and introduced YFHS throughout the country. As of 2019, 855 YFHS were established under the Ministry of Public Health (MoPH), mostly based in public health facilities (community, regional and provincial hospitals). These services target young people aged 10–24.

Since 2013, national standards for YFHS have been developed and implemented as one of the actions to ensure an appropriate and quality response of YFHS to the health needs of young people.

In 2019, the MoPH, supported by the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Health Organization (WHO), commissioned an *Assessment of Youth-Friendly Health Services (YFHS) in Thailand*. The assessment, undertaken by the College of Public Health Sciences of Chulalongkorn University in Bangkok, aimed to:

1. Examine the extent to which Thailand YFHS standards are consistent with WHO global standards¹ to improve the quality of healthcare services for adolescents.
2. Explore the perspectives of YFHS providers, and assess the enablers and barriers related to service provision and information management.
3. Assess the needs and perspectives of adolescents towards YFHS; and
4. Provide recommendations to government agencies, particularly the MoPH and the Bangkok Metropolitan Administration (BMA), for improving the quality and sustainability of YFHS.

This policy brief aims to offer information about the assessment findings and to provide government agencies and other organizations engaged in adolescent health with evidence-based recommendations for improving YFHS in Thailand.

Main Findings

The assessment concluded that Thailand’s standards for YFHS are aligned with global standards to improve quality of healthcare services for adolescents ‘to a sufficient degree’. However, some critical gaps remain:

- **The global standard of ‘adolescent health literacy’ is not present in the Thai standards.** Adolescents lack information on YFHS: a total of 44 per cent of adolescents who participated in the study had no knowledge about YFHS services. Out-of-school adolescents, especially girls, were more aware of YFHS than those in school. Furthermore, a low proportion of adolescents across communities used the services provided by YFHS: only 27 per cent of adolescent participants in the study had used YFHS in the past.
- Although some examples of good practice were noted, **‘community support’ lacks clear definition in the Thai standards**, suggesting that more could be done to define and support the roles of parents and the wider community in strengthening YFHS utilization.
- **YFHS in Thailand would benefit from an improvement in YFHS providers’ communication skills and data management skills**, including the ability to maintain confidentiality and privacy. The assessment found that more than half (52 per cent) of health managers did not conduct any training on data collection, data analysis, and the use of information for service improvement.
- **‘Adolescent participation’ is currently insufficiently covered**; there is therefore a need to increase the participation and empowerment of adolescents in YFHS design, implementation and monitoring.

¹ The eight WHO global standards are: 1) Adolescent health literacy; 2) Community support; 3) Appropriate package of services; 4) Providers’ competencies; 5) Facility characteristics; 6) Equity and non-discrimination; 7) Data and quality improvement; and 8) Adolescents’ participation.

The Importance of YFHS for Thailand

Background

Evidence shows that when adolescents are supported by caring families and adults, and are able to access services responsive to their needs, they can successfully transition from childhood to adulthood and develop to their full potential. Investing in adolescents strengthens their ability to advance human rights and build a bright future for themselves, their families and entire countries.

While Thailand has made remarkable progress in improving the health of its population, a broad range of health problems still affect young people. Areas of greatest concern include the following:

- **Adolescent pregnancies remain a challenge**, with the adolescent fertility rate at 31.3 live births per 1,000 women aged 15–19 and 1.1 live births per 1,000 women aged 10–14 (Bureau of Reproductive Health, Department of Health, 2019). Adolescent birth rates are particularly high among girls living in the two poorest quintiles (UNICEF, 2019). Repeat births in adolescents are also a concern, suggesting a lack of adequate postpartum counselling.
- **HIV prevalence and new infections remain high among young key populations**. Nearly half of new HIV infections occurred among people younger than 25 years, reflecting particularly high HIV and STI incidence rates among men who have sex with men, male sex workers, transgender women, people who inject drugs, and young vulnerable populations (UNAIDS, 2018). Many adolescents are not aware of their HIV status.
- **Malnutrition and obesity are areas of concern**, with almost half of youth aged 15–21 years either underweight or overweight (MoPH, 2018).
- **Road traffic injury is one of the major causes of adolescent morbidity and mortality**, with more than 460,000 adolescents and youth aged 10–24 injured each year (Bureau of Non-Communicable Disease, 2017) and more than 5,000 fatalities each year (Road Traffic Death Data Integration, Department of Disease Control, 2016).
- **Alcohol, smoking, drug use and unsafe sexual**

relationships put adolescents at risk and can have long-term harmful consequences for young people as they enter adulthood. Around 1 in 4 of those who seek drug treatment services in Thailand are younger than 20 years (Global School-based Survey, 2015).

- **Mental health challenges exist**, with around 0.3–2.1 per cent of Thai youth aged 15–24 having a depressive disorder (UNICEF, 2016). Depression is the main cause of suicide in adolescents, with one in three adolescents attempting suicide reporting a depressive disorder (UNICEF, 2016). In 2015, more than 1 in 10 adolescents (13 per cent) had attempted suicide one or more times during the previous 12 months (Global School-based Survey, 2015).
- **Violence and abuse in a variety of settings, including online, also affect adolescents**. In 2018, evidence showed that almost 600,000 children had experienced bullying (Department of Mental Health, 2018). Bullying can cause mental health problems, including depression, which can lead to suicide.

Assessment Aims and Methodology

Since 2013, Thailand has been developing and implementing standards for YFHS, and 85 per cent of YFHS in the country are certified to have met the standards set by the MoPH. However, in 2019, the MoPH, with the support of UNICEF, WHO and UNFPA, commissioned an *Assessment of Youth-Friendly Health Services (YFHS)*, with the aim to:

1. Examine the extent to which Thailand YFHS standards are consistent with WHO global standards (see Table 1) to improve quality of healthcare services for adolescents.
2. Explore the perspectives of YFHS providers, and assess the enablers and barriers related to service provision and information management.
3. Assess the needs and perspectives of adolescents towards YFHS; and
4. Provide recommendations for improving the quality and sustainability of YFHS.

The assessment was undertaken by the College of Public Health Sciences, Chulalongkorn University, Bangkok. The assessment collected data from 116 health facilities and used a mixed methods approach encompassing desk review, self-report questionnaires, expert group discussions, focus group discussions and a 'mystery client' technique. A multi-stage sampling method was used to obtain

representative samples including 423 adolescents, 300 service providers (doctors, nurses, health managers) and representatives from the YFHS network (schools, network pharmacies, local NGOs, and local authorities). The study included adolescents from vulnerable groups (including youth from the LGBT community, ethnic minority groups and migrants).

Table 1: Global Standards to Improve the Quality of Healthcare for Adolescents (WHO, 2015)

Standard 1	Adolescent health literacy	The health facility implements systems to ensure that adolescents are knowledgeable about their own health, and they know where and when to obtain health services.
Standard 2	Community support	The health facility implements systems to ensure that parents, guardians and other community members and community organizations recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents.
Standard 3	Appropriate package of services	The health facility provides a package of information, counselling, diagnostic, treatment and care services that fulfils the needs of all adolescents. Services are provided in the facility and through referral linkages and outreach.
Standard 4	Providers' competencies	Healthcare providers demonstrate the technical competence required to provide effective health services to adolescents. Both healthcare providers and support staff respect, protect and fulfil adolescents' rights to information, privacy, confidentiality, non-discrimination, non-judgmental attitude and respect.
Standard 5	Facility characteristics	The health facility has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents.
Standard 6	Equity and non-discrimination	The health facility provides quality services to all adolescents irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, sexual orientation or other characteristics.
Standard 7	Data and quality improvement	The health facility collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. Health facility staff is supported to participate in continuous quality improvement.
Standard 8	Adolescents' participation	Adolescents are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.

YFHS Assessment: Key Findings

Alignment of Thailand's YFHS with WHO Global Standards

Despite various elements being well articulated in the Thai YFHS standards, the following gaps and weaknesses remain:

- **Standard 1: Adolescent health literacy.** This standard is not currently met by the Thai standards, which is concerning, as it forms an indispensable part of the success of YFHS. The assessment found that 44 per cent of adolescents who participated in the study had no knowledge about YFHS, and only 27 per cent of adolescent had used YFHS in the past. While different groups of adolescents had different perceptions about YFHS, lack of access to information regarding health services was a common factor. According to the assessment, in-school adolescents, migrant adolescents and adolescent mothers were less likely to be aware of YFHS.
- **Standard 2: Community support.** The current Thai standards do not specify in clear terms the roles of parents, community and service providers in the use of health services. This standard needs to be strengthened.
- **Standard 3: Appropriate package of services.** According to assessment findings, the top three services accessed by young people were related to antenatal care (ANC), substance use, and mental health. When disaggregated by gender, the top five YFHS utilised services among male adolescents were: substance use, health check-ups, condom advice or supplies, ANC (with spouse), and those related to STDs. Among females, ANC issues were the most common reason to access YFHS, followed by health check-ups, contraception (implantation), mental health and family planning. This suggests that a range of health packages and services are being provided and accessed by the adolescents who are aware of YFHS.
- **Standard 4: Providers' competencies.** While the Thai standards address the issue of sensitivity towards the needs of adolescents, the competencies of service providers could be improved. Although service providers in the assessment had high levels of self-confidence and perceived themselves as capable to deal with adolescents, adolescents who participated in the focus group discussions expressed dissatisfaction with the service provision they had experienced. Furthermore, the service provider survey results found that only one third of service providers had received training on communication skills. Communication skills training for YFHS service providers is therefore an important area that needs to be improved.
- **Standard 5: Facility characteristics.** The majority of healthcare facilities in the assessment were found to have enough comfortable seats (85.9 per cent), media and documents relevant to adolescent health (81.5 per cent), free drinking water (75 per cent), and appropriate furniture (81.5 per cent). Despite assessment findings suggesting that the physical infrastructure of counselling and service provision spaces ensured privacy, qualitative findings from the adolescent FGDs indicated that some facilities did not ensure adequate privacy in counselling rooms, and feedback from mystery clients also identified some concerns regarding privacy and confidentiality.
- **Standard 6: Equity and non-discrimination.** The assessment found that LGBT youth were not satisfied by the services offered by YFHS.
- **Standard 7: Data and quality improvement.** The assessment found information systems, data recording and data management to be areas of weakness. Not all hospitals had information protection management systems, and not all service providers felt confident regarding the use of the IMS software adopted by health units. Although the digital data recording and management systems used were found to keep recipient information confidential, with 96.7 per cent of health providers believing that client information was kept confidential, some health facility practices breached confidentiality (for example, notebooks containing confidential information being left unattended). The assessment found that more than half (52 per cent) of health managers did not conduct any training on data collection, data analysis, and the use of information for service improvement.

- **Standard 8: Adolescent participation.** This is currently insufficiently covered by the standards, as adolescent participation was only found in one YFHS Thai standard (administration, vision, mission and planning), which entails the establishment of health service facilities with adolescent representatives and committees who

participate in the planning, monitoring and evaluation of services. The assessment findings suggest that the lack of adolescent participation, coupled with the adolescent health literacy gap, may help to explain the low level of YFHS service utilization in the country.

Table 2:

The needs and perspectives of adolescents

Adolescents identified the following obstacles to seeking YFHS:

- Long waiting times
- Inconvenient operating hours
- Fear of parents finding out about YFHS utilization.

Adolescents provided the following reasons for not utilizing services:

- Lack of available information about YFHS
- A preference for other sources of health information (e.g. the Internet)
- A preference for buying medication from pharmacies
- Inconvenient operating hours.

The ideal YFHS according to adolescents

Ideal service provider:

- Mostly female
- Kind and caring, neither too young nor too old as to cause a generation gap
- Has enough time to dedicate to each client in order to allay fears and respond to questions.

Ideal facility:

- Easily accessible
- Flexible office hours
- Demonstrates policies and behaviours attentive to the confidentiality of clients
- Offers free services.

Perceived needs of adolescents regarding YFHS

- Confidentiality and privacy
- Provision of services during non-office hours
- Shorter waiting times
- More time for interaction with health providers
- Autonomy regarding service utilization
- Health-promoting activities in the community
- Involvement in planning, managing and evaluating the services
- Specific needs of specific groups of adolescents addressed (e.g. adolescent mothers, migrant workers, LGBT youth).

Recommendations

To increase adherence to WHO global standards in Thailand, support better implementation of YFHS and increase service quality and utilization, the following recommendations are provided:

- 1. Promote adolescent health literacy** by increasing adolescent access to adequate information on adolescent health and YFHS, especially for in-school adolescents, migrant adolescents and adolescent mothers. Information should be accessible and user-friendly, including being available in other languages to reach migrant adolescents.
- 2. Enhance community support** by defining implementing systems and initiatives that encourage parents, guardians and community members to actively support YFHS access. These include the provision of parenting programmes, as well as the development of health education and communication strategies and materials, to achieve parental and caregiver buy-in and to plan service provision.
- 3. Further develop the capacities and skills of service providers** to provide adolescent-friendly healthcare. In particular, training should be given so that healthcare providers and support staff can interact with adolescents in a friendly, non-judgmental and respectful way, and meet young people's rights to information, privacy, confidentiality and non-discrimination.
- 4. Train service providers in the use of hospital data software and data management** and support continuous quality improvement.
- 5. Increase the organizational and design features of facilities by providing YFHS during non-office hours**, to ensure that more adolescents can access services at a time that suits them.
- 6. Improve service provision for the most vulnerable adolescents, particularly LGBT adolescents**, to ensure services are equitable and non-discriminatory.
- 7. Strengthen adolescent participation in YFHS**, using examples of best practice to inform the network of YFHS across the country.²
- 8. Increase multi-partner initiatives** which include well-trained youth volunteers and support from local authorities to ensure the success and sustainability of YFHS.
- 9. Conduct further research** into the underlying reasons for the low utilization of YFHS by Thai adolescents.

Table 3: YFHS promising practices and lessons learnt

The assessment identified two examples of promising practices which enhance the provision of YFHS:

1) Using collaboration to strengthen unbiased, comprehensive YFHS

Through networking established by YFHS, a hospital in Chiang Mai province worked with various entities – including local government, schools, NGOs, volunteer groups and HIV/AIDS networks – to actively collaborate on YFHS and health-promotion activities, in order to develop and strengthen comprehensive services for young people without bias or stigma. The hospital considers youth participation in decision making.

2) Establishing a youth group to work closely with communities and schools

In Laem Chabang municipality, a YFHS teen centre was set up, initiated by the YFHS network in collaboration with the Provincial Health Office, the local authority, a community hospital and schools. Well-trained youth work closely with communities and schools. The youth group is active and works with high competence, and the transition of new members into the youth group is well organized. The municipality provides support to the centre.

Lessons learnt

These two examples demonstrate the following strengths:

- Multi-partner initiatives
- Proactive services to reach targeted groups
- Well-trained youth volunteers
- Support from local authority to ensure sustainability.

² See table 3: YFHS promising practices and lessons learnt