A review of the results of the project on adolescent-friendly services centers in the health center of West Tehran

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Abstract: Thirty five percent of the 74 million people of Iran are in the 10- 24 age range, and 22 percent of them are in the 10-19 age group. The average age for first marriage is 24.4 years old for men and 19.7 years old for women. The decrease in onset of puberty age can jeopardize adolescents in terms of pre-marital sexual activity, STDs (sexually transmitted diseases) and AIDS. The Ekbatan area, located in district five of Tehran municipal territory and Yaftabad quarter within the territory of district 18 were selected for study. An expert was assigned to each center. The results were analyzed using Chi 2 square and t-test with p-value of less than 0.05. The findings of the research reveal that as the program continues, local coordination improves remarkably. A comparison between the years 2008 and 2009 shows an increase of 65 percent in individual counseling and by 43 percent in the number of the trained people. There was a 10-percent increase in the number of extracurricular programs and 81 percent in the distribution of condoms, 47 percent in the IEC/BCC delivery, and 61 percent in personal references to the local health networks. In the present healthcare system, there is no response to the special needs of adolescents, nor is there an appropriate environment in which the needs of the young people, especially the unmarried ones, can be met and a place they can be referred to. The establishment of similar centers is the first operational step for entry into the realm of the adolescents and young people.
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1. Introduction

In Iran, about 74 percent of the population is young. According to the 2006 consensus of the Iranian statistics center, 35 percent of Iran's population is comprised of young people from 10 to 24 years old with 22 percent in the 10-19 age groups. Although early marriage is decreasing, it still represents a problem of all societies. In Iran, the age of marriage is increasing, and the age for first marriage is 24.4 for men and 19.7 for women. There is also a similar pattern of increase in marriage age in Arab countries and other parts of the world. This issue is in alignment with a global trend in the reduction of age of puberty onset, and exposes adolescents to health dangers that result from pre-marital sexual activity, STDs, and AIDS.

Based on the millennium goals of the United Nations Organization, all countries are obligated to take precautionary measures to prevent and control AIDS. With a death toll of about 25 million people, and more than 40 million people affected by this disease in the past 25 years, in 2006 AIDS gained the rank of the most vital health issue of the century. Iran has recorded more than 20,000 cases of HIV/AIDS infection and 3,400 deaths due to this disease just before October 2009. In Iran, the most common form of transmission of AIDS in men is through needle-sharing, and in women it is through sexual intercourse. However, in recent years, the issue of transmission through sexual intercourse has become more serious. It is obvious that without suitable protective measures, women and children will be most vulnerable to infection from this virus.

Due to the methods of transmission of this virus, and because of individuals' behaviors, it is essential to teach young people and increase information to prevent this disease from being transmitted and spread in the county.

In 2005, although only 13,000 people were recorded to be HIV / AIDS infected in Iran, the World Health Organization estimates that, at best, only 20 percent of infected people were identified. According to the latest statistics dated October 2009, about 20,130 infected people were identified, among whom 2,097 people suffered from HIV / AIDS and 3,409 people died. The causes of all the deaths in the country since 1986 are as follows: needle-sharing injection among drug-addicted users (69.8 percent); sexual intercourse (8.5 percent); blood transfusion and items related to blood (1.2 percent); transmission from mother to fetus (0.6 percent). The method of transmission is not clear in 19.9 percent of the cases. Men make up 93 percent

of the infected cases and women 7 percent. Recent years' statistics show a very noticeable point of the method of infection, which was through sexual intercourse, and put adolescents and young people at risk more than other age groups. This demands that those in charge of health care programs carry out preventive measures to control the issue. Although, the spread of AIDS has been limited in the country, if no precautionary measures are taken on a wide scale, there is possibility for the acceleration and spread of this disease nationwide.

There are certain deficiencies in the data related to STDs that can be traced to the ethical criteria of society and the shortage of surveillance and reporting system. Young people who are infected by AIDS either choose to have themselves cured, seek counseling at the pharmacy, or perhaps refer to the private sector. Unlike the governmental sector, the private sector neither meets the needs of young people, nor does it provide a place where young people can be admitted to address their needs. Normally, the first source of reference is private health centers or pharmacies, although these places are suitable only for those who can afford to pay for the services and have the capacity to meet the likely unfair comments of the suppliers. At the end of the 1990s, the issue of adolescent health was increasingly raised as a critical problem and turned into one of the concerns of developed and developing countries in the field of public health. In this period, the World Health Organization recognized that there must exist a general understanding in this field. As a result, the organization initiated a series of global counseling programs regarding adolescent-friendly health services. The main objectives of these programs were as follows:

- To establish a general and shared understanding of health and growth needs
- To identify adolescents' problems, the role and methods of health services participation
- To define the best measures to promote the quality of health services
- To offer findings in the format of "a desirable adolescent" with respect to the economic, social, and cultural constraints in many parts of the world, including Iran
- To achieve a unanimous global consensus on the world agenda for the research field
- To facilitate adolescents' access to the services they require.

2. Material and Methods

2.1 General considerations

Given the needs, the unusual challenges, and the ever-growing vulnerability of adolescents, UNICEF designed a program for Iran (2005-2009), which called for the establishment of adolescent-friendly services. This project is one of two projects offered by UNICEF to prevent HIV/AIDS infection in adolescents in rural and half-urban areas in 12 cities of Iran. And since the managers of West Tehran enthusiastically welcomed the program, this district was chosen, too. The measures taken to run adolescent-friendly services are as follows:

- The identification of available sub-structures for health, social, and educational services inside the country.
- The introduction of world standards for adolescent-friendly services and the specification of domestic standards on the basis of cultural sensitivities.
- The establishment of a service complex for the satisfaction of the ever-growing needs of adolescents to draw their participation

The counseling clinic for behavioral diseases within the territory of West Tehran health center, and the drop-in centers (DIC) around the Yaftabad district prepared a suitable ground for the start of bilateral cooperation with UNICEF to run the Adolescent-Friendly Services (AFS) project. For this reason, the Ekbatan area, located in district five of Tehran's municipal territory, and Yaftabad quarter within the territory of district 18 were selected as the operational districts for the execution of the project. The reason the Yaftabad quarter was chosen for the project is because of the great number of injection addicts, cultural poverty, and the potential for social harm (such as addiction, home, and social aggression etc.), shortage of educational facilities in the area, and the unidentified needs of the target group (young girls and women) in the area and their poor access to the required services. The main reasons why the Ekbatan area was selected was for the young age of its population, different meeting points for the young people in the area, its special culture, the increase in the probability of unprotected dangerous behaviors, and young people's inaccessibility to proper information needed for protection against sexual relations.

2.2 Preparation of sub-structures for the project in Yaftabad and Ekbatan

After the interview with the recommended psychologists, a counselor was selected for each center and was sent to participate in respective classes to become familiar with the project's objectives. The selected centers were then introduced to government and non-government organization through correspondence and in person. Each day, if an adolescent who needed counseling, he would be referred to the psychologist by the health and treatment center, schools, municipalities, or physicians. Gradually, when the number of adolescents referred to

psychologists increased, those individuals who had communication and leadership skills and exhibited dangerous behaviors to themselves or in their family were chosen as peer trainers. This group of adolescents and young people was trained by counselors and colleagues of the project in the West health center. They were trained continuously to improve life skills. According to their free time in the mornings or afternoons, the peers went to the assembly points intended for adolescents and young people and talked with them about the programs and services the center could offer. As these adolescents grew in number, more peers were identified.

Based on requests made by adolescents and after some group meetings, a suitable change was made in the appearance and even the personnel of both centers. The center personnel also received training on how to interact with the adolescents and youth and how to deal with their problems. In each center, the adolescents had a room designated where they could deal with clients respectfully. If there was going to be any educational, recreational, or documentary program, first the members of the project were consulted and after necessary changes, the program was performed. After completion of the first stage of activities (from December 2005 to January 2006), the health and treatment centers of Shahid Ghafari and Yaftabad became the first centers in the country to present adolescent-friendly services.

2.3 Adolescent-friendly services (AFS)

Adolescent-friendly services refers to services that correspond to adolescents' views and taste in terms of the type and method of presentation they would like to refer to the center and receive desired services with desired quality.

2.4 The characteristics of adolescent-friendly services

2.4.1 Suitability: the services must be directed at the target group according to the needs analysis. Services that are not necessary (even if they are harmless) and services that are potentially harmful are not offered.

2.4.2 Comprehensiveness: These services should include all necessary aspects, such as social and medical features.

2.4.3 Effectiveness: These services should produce some positive changes in clients' conditions.

2.4.4 Efficiency: These services should be offered at the lowest possible cost.

2.4.5 Standard: These services should reflect a desirable and acceptable level for adolescents.

Adolescent-friendly services have been designed to create the grounds for healthy growth of adolescents and the prevention of and fulfillment of health problems. All adolescents (aged 10 -24) residing in the area are supported by the center of the adolescent-friendly services of the target group. Among this population of adolescents, the vulnerable groups that need special attention include the following:

- Adolescents who exhibit dangerous behaviors
- The adolescents who use drugs or whose parents are addicted
- Street adolescents (who live or work in the street) or those who have to work
- Adolescents who are HIV-positive or are subject to infection

According to the needs of the adolescents in each area, adolescent-friendly services are formed. The general principles include the following items:

- To boost the life skills among the adolescents
- To preserve and promote mental health
- To help to pass the period of the puberty crisis and the sexual health
- Nutrition counseling
- Educational, vocational, and recreational counseling
- Drug abuse prevention
- HIV / AIDS prevention

3. Results

The results of the project show that as the program continues, the more local coordination improves. A comparison between 2008 and 2009 shows an increase of 65 percent in individual counseling, 43 percent in the number of people who were trained, more than 10 percent in extracurricular programs, 81 percent in the number of condoms that were distributed, 47 percent in IEC/BCC delivery, and 61 percent in personal referrals made to the local health network.

According to the findings:

- 834 counseling meetings were held by with counselors of the adolescent-friendly services and parents.
- An increase of 555 people in the number of members of the council of the adolescent-friendly services.
- Holding 50 cooperative meetings with such organizations as the municipality, and the cultural and art centers, which used to be ignored.
- A change in the behaviors of adolescents and youth in the area covered by the center, according

to statistics derived up to the end of December 2009. At least 58 individuals with hazardous sexual behaviors regularly used condoms.

- Twenty adolescents who were on injection addiction turned to non-injection addiction.

Table 1. The statistics of the services provided by local counselors in the centers of the adolescent-friendly services from 2006 through 2009.

Year	Gender	Individual Counseling	Educated Beneficiaries	Extra Programs	Condom Delivery	IEC/BCC Delivery	Referring to Local Network
2006	male	16	386	0	245	3630	47
	female	114	1371	0	135	4995	91
2007	male	191	422	0	3344	1755	16
	female	334	607	0	2333	2901	43
2008	male	107	137	96	681	1044	7
	female	383	2295	35	486	3199	24
2009	male	188	345	945	1779	1789	13
	female	622	3126	942	330	4463	37

Table 2. The statistics of the educational activities of peer educators in the center of the adolescent-friendly services from 2006 through 2009.

Year	Male	Female	Total
2006	137	1729	1866
2007	950	1828	2778
2008	2114	2270	4384
2009	4985	3715	8700

Table 3. A comparative table of the frequency of services provided by local counselors in the center of the adolescent-friendly services in the last two years of the project (2008 -2009).

Year	Individual Counseling	Educated Beneficiaries	Extra Programs	Condom Delivery	IEC/BCC Delivery1	Referring to Local Network
2008	490	2432	131	1167	4243	31
2009	810	3471	1887	2109	6252	50
Difference	65%	43%	1340%	81%	47%	61%

4. Discussions

Although there is limited information and data on the health and growth of adolescents, these very few indices highlight the vulnerability of this age group and emphasize the importance of paying attention to their unique needs so that healthy development can be achieved. Since there is no position defined for this group in present health care services in the country's health network, it is essential to establish centers with health packages to serve this population.

The findings show that the more the program continues every year, the more local coordination improves. A comparison between 2008 and 2009 shows an increase of 65 percent in individual counseling, 43 percent in the number of people who were trained, more than 10 percent in extracurricular programs, 81 percent in the number of the condoms that were distributed, 47 percent in the IEC/BCC delivery, and 61 percent in the personal referrals made to the local health network. Furthermore, there are very few programs that can afford to meet the differences of the reproductive health needs between married and single individuals (6). Among adolescents and the youth involved in the program, only 25 percent were men and the rest were women. The 2009 report on the program conducted in the Ukraine indicated that the project turned out to be different in a country with a different culture. The percentage of female sexual clients was between 20 and 30 percent.

Our study showed that youth are more inclined to receive services from their age groups. This was also confirmed in articles published by UNESCO (7). The changes in the behaviors of adolescents and youth studied in this research confirmed the positive effects of teaching. In this study, at least 58 young people who hazardous sexual behaviors had started to use condoms. In a study conducted by Ralph J. DiClemente et al., there were similar results, where educational intervention in young girls led to positive preventive behaviors against AIDS and resulted in the reduction of sexually transmitted diseases such as Chlamydia or

the occurrence of pregnancy (8). The study carried out by Sharifzadeh et al. also confirmed the findings on the effect of education on the promotion of the level of awareness and the type of attitudes of the students. They proposed the initiation of health teachings as a primary educational priority in schools (9). Education of the same age group is one of the main educational methods in this project to enable the adolescents and youths who have the leadership capability and communication skills to establish relationships with others. After receiving the necessary training on the proper preventive behaviors against the spread of HIV/AIDS and the information on the adolescent- friendly services, they go to their own age groups and disseminate the information. The results showed that these people can have a significant role in establishing a proper reference and guidance network for their friends and neighbors to give those services.

Based on the millennium goals of the United Nations, all countries are obligated to take precautionary measures to prevent and control AIDS. Modern methods for promotion of the accessibility of dangerous groups to health services can help us make better plans for the promotion of the health of the society. At the time of the project, one of the critical limitations of was the shortage of qualitative researches conducted on society so the group of researchers had to review the qualitative results. Another limitation was the type of the project and work in the society. These kinds of projects that usually have late consequences do not receive support by the beneficiaries because they expect immediate results.

In the present healthcare system, there is no response to the special needs of adolescent nor is there an environment where the needs of adolescents, especially unmarried youth, can be fulfilled and taken care of. The establishment of similar centers is the first executive action for the entry into the realm of adolescents and the youth. Most studies have emphasized that the promotion of activities of the adolescent-friendly services needs serious participation on the part of the beneficiaries (10). Finally, these are our suggestions based on the findings of the study:

- The promotion of adolescent-friendly services as a reference center for all the health and treatment centers can be an important step toward the promotion of the health of adolescents and youth who are under the cover of the center.
- Due to the novelty of such projects that are based on the society, they can be suitable platforms for the research purposes.

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