

Module A5: Role of personal, family and social determinants on adolescent health and health care

Entry scenario: *The entry scenario addresses a variety of issues and problems associated with the module topic. It may be used in class to identify the needs and interests of the students, which then may be incorporated into training objectives.*

You work in the emergency ward of a small hospital and see a 16 years old boy from poor neighborhood who comes, without his parents knowing, for a penile discharge. He doesn't speak well your language and has no money. The sexual intercourse was unique, and with an unknown older girl partner whom the boy cannot identify (he was drunk). You discover that he has Chlamydia and needs a treatment, but he has no money and doesn't want his parents to know. He believes, they would "kill him": they are active members of the local religious community and also, their culture of origin prohibits sexual intercourse before marriage.

You work as a public health officer in a poor area with a high percentage of new immigrants. The rate of unintended pregnancies among minor adolescent girls has been increasing over the years. Despite the introduction of sexual educations in the school, they hardly appear at the local family planning center, as sexual intercourses are not allowed in their culture of origin. Moreover, the male population exhibits a sexist attitudes and behavior and sexually active boys tend to refuse the use of condoms, according to the little information you have got.

General goals for learners. By completing the module the participant is able to:

- I. Recognize and explain the impact on adolescent health of different economic situations, ethnicity, religion and or migration as well as gender, especially how these factors cause inequality in access to health care
- II. Take into account and address these determinants of health in the care of adolescents
- III. Develop system strategies and advocacy skills to address the negative impact of determinants on health and health care

GOAL I: RECOGNIZE AND EXPLAIN THE IMPACT ON ADOLESCENT HEALTH OF DIFFERING ECONOMIC SITUATIONS, ETHNICITY, RELIGION AND OR MIGRATION AS WELL AS GENDER, ESPECIALLY HOW THESE FACTORS CAUSE INEQUALITY IN ACCESS TO HEALTH CARE

Training objectives Key topics to be covered	Educational Methodology	Activities, Issues, and Questions
<p>A. Explore the concepts of powerlessness empowerment and how they relate to the adolescent developmental process</p>	<p>Group discussion</p>	<p>Use entry scenario or alternatively the scenario below to discuss the concepts and recognize some empowerment strategies.</p> <p><i>Case study: A timid 15 year-old girl from a working class family mentions her persistent cough and bloodshot eyes to the school nurse. She says that both parents are heavy smokers. She shows resistance to attending a local hospital clinic. Identify what factors contribute to her powerlessness to seek health care.</i></p>
<p>B. Understand the concept of (social, proxy and distant) determinants of health and indicators (see also module C1 and C2)</p>	<p>Mini-lecture with class discussion</p>	<p>Also refer to modules C1 and C2</p>
<p>C. Explore the concepts and assessment of different determinants :</p> <ul style="list-style-type: none"> - Socio-economic situation - Ethnicity and origin - Migration and acculturation - Religion - Gender - Sexual orientation... 	<p>Group discussion</p> <p>Followed by Interactive presentation</p>	<p>What is, in the participants' vision, the definition of SES, ethnicity etc.? In your country and context, what are the main social determinants which impact on adolescent health and health care?</p> <p>Presentation should focus on:</p> <ul style="list-style-type: none"> - The various definition and measures of SES - The definition of ethnicity - The various cause/types of migration and the acculturation process - The various facets of religious beliefs and practices <p>Discuss how the cultural environment shapes gender formation and the construction of masculinity and femininity; Discuss how the unique pubertal period of development may emphasize gender issues in health care interactions : body image, gender identity, sexual feelings issues</p>

<p>D. Select epidemiological data /indicators which illustrate the links between determinants and adolescent health and care (incl. access to health care)</p> <ul style="list-style-type: none"> - Mortality - Morbidity/hospitalization - Access to health care - Health survey <p>E. Reflect on the mechanisms by which determinants affect adolescent health & access to care</p> <ul style="list-style-type: none"> - Lack of education - Crowded living - Migration - Preconception of health care providers towards patient's gender, origin etc. 	<p>Buzz</p> <p>Wrap-up:</p> <p>Group work Followed by wrap up</p>	<p><i>Example (for gender formation): describe how child raising practices in different cultural contexts socialize girls to be pleasant and accommodating, while allowing boys to express themselves and take what they need. Discuss the likely effects of this socialization upon illness patterns, e.g. internalizing health problems (depression) and externalizing behavior (fighting).</i></p> <p><i>Example: Describe the stages of acculturation and understand the possible interaction between acculturation and the developmental process during adolescence, and the effect on health</i></p> <p>Two by two, select in participants' own country (if feasible) epidemiological data in the areas indicated under D. Also access to global database (WHO, the World Bank, UNICEF, UNFPA, UNESCO & so etc.) and analyze how the figures vary according to health determinants.</p> <p>Each pair focuses on one (two) specific determinant</p> <p>Class discusses examples that were found</p> <p>The brainstorming should focus on <i>how</i> and <i>why</i> the effect of determinants on adolescent health and health care (including health literacy: access to health care centers, financial constraints, cultural beliefs, religious precepts, etc.</p> <p>The discussion could already at this stage mention some of the strategies which reduce inequalities linked with these determinants (see goal III)</p>
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GOAL II: TAKE INTO ACCOUNT AND ADDRESS DETERMINANTS OF HEALTH IN THE CARE OF ADOLESCENTS

<p>A. Examine one's personal attitudes towards determinants such as families with very-low SES, ethnicity and religion and gender, sexual orientation.. and how to overcome preconceptions</p>	<p>Group discussion, followed by wrap up</p>	<p>Participants consider own attitudes about role of the health professional and the socio-economic problems of patients, using concrete examples which refer to their own practice</p>
<p>B. Take into account these factors in how to interview, examine, order tests and provide treatment and preventive advices</p>	<p>Role play</p>	<p>Use entry scenario for a role play, focusing on how to handle the boy's situation.</p>
<p>C. Develop strategies for respectfully involving parents/care givers in the care of adolescents with specific backgrounds or characteristics</p>	<p>Role play (2nd.)</p>	<p>Second role play, with parents:</p> <ul style="list-style-type: none"> - Parents - Caregiver <p>Focus on potential conflicts between the adolescent's and the parents' beliefs and values</p>
<p>D. When appropriate, and respecting confidentiality, involve stakeholders (e.g. translators, priests, community leaders...) in dealing with difficult situations</p>	<p>Discussion followed by role play</p>	<p>Discuss how you would include in the setting (consultation with the adolescent) other stakeholders</p> <ul style="list-style-type: none"> - Social worker - Representative from the community or association - translator <p>Then role play such an encounter</p>

GOAL III: DEVELOP SYSTEM STRATEGIES AND ADVOCACY SKILLS TO ADDRESS THE NEGATIVE IMPACT OF DETERMINANTS ON HEALTH & HEALTH CARE
(See modules C2 and C3)

<p>A. Involve adolescent groups, parents community leaders, representatives of associations and other stakeholders in overcoming the negative impact of (social) determinants at the local level</p>	<p>Group discussion</p> <p>Role play Focus group</p>	<p>Participants discuss experiences in involving families of specific or differing backgrounds in a meeting about health care.</p> <p>Discuss how to format and run such an encounter</p> <p>Role play a discussion focusing on a specific objective (e.g. how to improve access to health care, or how to implement a reach out strategies for underserved youngsters</p>
<p>B. Develop outreach strategies to respond to the health problems of specific subgroups who do not access to adequate health care</p>		
<p>C. Identify strategies and procedures which optimize the access to and the quality of care and how to convince decision makers to implement such strategies.</p>	<p>Group discussion</p>	<p>Role play discussion on Discuss obstacles and identify strategies that can be used to influence policy-makers and decision-makers at various levels. Prepare a speech/write a letter for decision makers describing how the needs of adolescents in an impoverished area could be better met. Discuss the indications of the need for gender-specific services. What gender differences in health-seeking behavior have participants observed in their adolescent patients? What kinds of problems are typical of each gender, and would gender-specific services ameliorate/solve the problems?</p>



Resources

Newacheck PW & al. Disparities in Adolescent Health and Health Care: Does Socioeconomic Status Matter. Health Serv Res. 2003 October; 38(5): 1235–1252.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1360944/>

UNICEF Gender Action Plan 2014-2017 (2014)

http://www.unicef.org/esaro/UNICEF_Gender_Action_Plan_2014-2017.pdf

Gender and Health Collaborative Curriculum Canada – The Adolescent Experience of Poverty (Modules)

<http://genderandhealth.ca/en/modules/poverty/poverty-adloescent-intro-01.jsp?r=>

American Medical Association. Eliminating health disparities

<http://www.ama-assn.org/ama/pub/physician-resources/public-health/eliminating-health-disparities.page>

Viner et al. 2012. Adolescence and the social determinants of health. Lancet 2012; 379: 1641-52

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60149-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60149-4/abstract)

Elgar & al Socioeconomic inequalities in adolescent health 2002–2010: a time-series analysis of 34 countries participating in the Health Behaviour in School-aged Children study

Lancet, Volume 385, No. 9982, p2088–20952015

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61460-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61460-4/abstract)

The Lancet series on adolescent health (Lancet commission on adolescent health and wellbeing)

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