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Appendix Table 1. Search Strategies

Set Number	Concept	Search Statement [Pubmed] [CINAHL, PsycINFO] [Popline]	Number of Hits - PubMed	Number of Hits – CINAHL; PsycINFO	Number of Hits - Popline
1	Family Planning	<p>"family planning services"[Mesh] OR "family planning policy"[Mesh] OR "reproductive health services"[Mesh] OR "family planning"[All fields] OR "Title X"[All fields] OR "planned parenthood"</p> <p>"family planning services" OR "family planning policy" OR "reproductive health services" OR "family planning" OR "Title X" OR "planned parenthood"</p> <p>"family planning"/"family planning centers"/"family planning education"/"family planning information centers"/"family planning organizations"/"family planning training"</p>	30,340	4,972	48,846
2	Contraception	<p>"contraception"[Mesh] OR "contraceptive agents"[Mesh] OR "contraceptive devices"[Mesh] OR "contraception behavior"[Mesh] OR "birth control"[All fields]</p> <p>"contraception" OR "contraceptive agents" OR "contraceptive devices" OR "contraception behavior" OR "birth control"</p>	37,828	8,896	N/A

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		Contraception is an included term under “family planning”			
3	Adolescents	"adolescent"[Mesh] OR "adolescent behavior"[Mesh] OR "adolescent development"[Mesh] OR "pregnancy in adolescence"[Mesh]	945,331	288,909	32,957
		"adolescent" OR "adolescent behavior" OR "adolescent development" OR "pregnancy in adolescence" OR adolescence OR "adolescent care" OR "adolescent parents" OR "adolescent attitudes" OR "adolescent fathers" OR "adolescent mothers"			
		youth/"adolescent health"/"adolescent health services"			
4	Youth-friendly services	"adolescent health services"[Mesh] OR "youth friendly services"[All fields] OR "adolescent friendly services"[All fields]	3,677	1,391	608
		"adolescent health services" OR "youth friendly services" OR "adolescent friendly services"			
		“youth programs”			
7	Combined sets – General	(#1 OR #2) AND #3	13,498	3,938	6,043
8	Combined sets – youth-friendly services	#7 AND #4	400	144	127

Appendix Table 2. Electronic Databases Used for Systematic Review Searches

Database	URL for Search Platform
Cumulative Index to Nursing and Allied Health Literature	http://ebscohost.com/
The Campbell Library	http://www.campbellcollaboration.org/library.php
The Cochrane Library	www.thecochranelibrary.com
Database of Abstracts of Reviews of Effects	http://www.crd.york.ac.uk/crdweb/
EMBASE	http://ebscohost.com/
MEDLINE	http://ebscohost.com/
PsycINFO	www.apa.org/psychinfo
PubMed (pre MEDLINE)	http://ebscohost.com/
U.K. National Health Service Economic Evaluation Database	http://www.crd.york.ac.uk/crdweb/
U.S. National Guideline Clearinghouse	www.guidelines.gov
HealthSTAR	http://www.kfinder.com/newweb/Products/hstar.html
POPLINE	http://www.popline.org/
Education Resource Information Center	http://www.eric.ed.gov/
UK National Institute of Clinical Excellence	http://www.nice.org.uk/
Evidence for Policy and Practice Information and Coordinating Centre	http://eppi.ioe.ac.uk/cms/
TRIP	http://tripdatabase.com/

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Appendix Table 3. Summary of Studies Examining Effects of Youth-friendly Family Planning Services on Reproductive Health Outcomes

Reference/ Funding	Study design/Aim	Population	Intervention	Results	Study quality
Brindis et al., 2005, U.S. Funding source: California Wellness Foundation	Pre-post study (1 study group) to examine effectiveness of components or combination components of the “Peer Providers of Reproductive Health Services to Teens” model	Sexually active clients who received an initial FP visit or male medical exam during their first visit and made one or more visits at least 90 days after their initial FP visit or first male medical exam Females: 89% of 1,590 Ethnicity: 41% Hispanic among females; 37% Hispanic among males Age: 98% 15-20 among females; 97% 15-20 among males Convenience sampling of adolescents visiting 8 FP clinics over a 3-year period	The “Peer Providers of Reproductive Health Services to Teens” model: <ul style="list-style-type: none"> ● Peer provider clinical services ● Peer provider follow up phone calls ● Peer provider outreach services For data analysis, clients were retrospectively assigned to four groups depending on level of exposure: clinic-only, clinic-telephone, clinic-outreach, or full model (those who received all components)	<p><u>Long-term outcomes</u></p> <p>Among all females, clinic-telephone females had significantly ($p<0.05$)* decreased odds of a positive pregnancy test at any follow-up visit (OR= 0.9; 95% CI NR) when compared with clinic-only females; Clinic-outreach and full model females did not have significantly decreased odds of a positive pregnancy test when compared with clinic-only females.</p> <p>Full model Hispanic females had decreased odds of a positive pregnancy test than clinic-only Hispanic females (OR=0.2; 95% CI 0.01–0.66)</p> <p><u>Medium-term outcomes</u></p> <p>Female clients demonstrated significantly ($p<0.01$) increased odds from first to last visit of always using birth control (OR=1.9), birth control use at last intercourse (OR=1.8) and use of effective birth control methods</p>	Level II-3; high risk for bias <u>Strengths</u> Pregnancy tests used Conducted statistical tests of significance <u>Weaknesses</u> Recall bias Selection bias – analytic sample only included 19% and 8% of initial female and male populations Self-report bias

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Reference/ Funding	Study design/Aim	Population	Intervention	Results	Study quality
		<p><u>Completed study:</u></p> <p>Females = 1,424</p> <p>Males = 166</p>		<p>(OR=3.5), but significantly decreased odds in always using condoms (OR=0.7, <i>p</i><0.01).</p> <p>Full model clients (compared to clinical-only) had elevated odds of returning for an annual exam (OR= 2.2, <i>p</i><0.01) and making ≥ 3 visits during the three year study period (OR=1.7, <i>p</i><0.05).</p> <p>Full model Hispanic females had increased odds of always using birth control when compared to clinic-only Hispanic females (OR=1.7; 95% CI 1.33–2.08)</p> <p>Full model females born to adolescent mothers had increased odds of always using birth control (OR=1.5; 95% CI 1.41–1.66) and using effective methods (OR=1.7; 95% CI 1.38–2.03) than their clinic-only counterparts</p> <p>Full model females who reported at first visit at most one sexual partner in the previous six months had increased odds of frequent clinic visits than their clinic-only</p>	<p>FU time between first to last visit NR</p>

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Reference/ Funding	Study design/Aim	Population	Intervention	Results	Study quality
				counterparts (OR=1.7; 95% CI 1.35–2.17)	
Gupta et al., 2001, UK Funding source: Departmental endowment monies	Cross-sectional study to analyze young women's experiences of the first pelvic examination and identify associations between patient satisfaction and characteristics of FP services	Women aged <25 who attended a representative geographical spread of FP and young peoples' clinics Female = 100% Ethnicity: NR Age: <25 years (mean=17.3 years) Completed survey = 167 Evaluable response = 163	Characteristics of FP services examined at multiple clinics included: provider gender; provider type (e.g., GP, FP provider); provider-patient interaction; age at first examination	<u>Short-term Outcomes</u> Females reported significantly higher positive experiences when the first pelvic examination was conducted: by a female versus male doctor ($p=0.02$); in a FP versus GP clinic ($p=0.04$); after permission was sought versus not ($p=0.001$); and with increasing age at first examination (Mann–Whitney, $p=0.003$) There were no significant differences in positive experiences with the offer or presence of a chaperone.	Level III; high risk for bias <u>Strengths</u> High rate of usable survey responses for analysis (98%) Conducted statistical tests of significance <u>Weaknesses</u> Self-report bias Causal relationships bias No behavioral outcomes assessed Recruitment rate NR

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<p>Herz et al, 1988, U.S.</p> <p>Funding source: Grants to the Center for Health Services and Policy research, Northwestern University, Ford Foundation, Chicago Community Trust, Field Foundation, and Joyce Foundation</p>	<p>Prospective cohort study assessing trends in new patient registrations to evaluate the Teen Clinic, a Chicago public health clinic's special FP program for adolescents as compared to two nearby PH department facilities that had no special teen FP program¹</p>	<p>Adolescents aged ≤19 at time of registration</p> <p><u>Teen Clinic:</u></p> <p>Female = 88%</p> <p>Ethnicity= >90African American</p> <p>Age= mean of 16.4 years</p> <p>Comparison Sites: NR but ethnicity estimated to be >90% African American</p>	<p>Teen Clinic characteristics:</p> <ul style="list-style-type: none"> • No cost for services • Tailored hours (1 afternoon/week, 2 - 6 pm) • “Rap group” offering patients a forum to discuss human sexuality, birth control, interpersonal relationships, and related topics • Outreach and recruitment strategies including flyers and presentations in local schools <p>Two comparison clinics:</p> <ul style="list-style-type: none"> • Open 5 days/week, 8 am- 4 pm • No special services for adolescents 	<p><u>Medium-term Outcomes</u></p> <p>Following implementation of the Teen Clinic, there was an average 82% increase in the number of new teen registrants during the post-implementation quarters in the study facility; in contrast, comparison site 1 experienced a 4% increase, whereas comparison site 2 experienced a 17% decrease</p> <p>In the three-quarter period before the Teen Clinic, adolescents accounted for 47% of all new FP registrants; following implementation, adolescents accounted for 57% of all new FP registrants (representing a 21 percent increase overall)</p>	<p>Level II-2; moderate risk for bias</p> <p><u>Strengths</u></p> <p>Objective measure of clinic utilization</p> <p><u>Weaknesses</u></p> <p>Unable to assess comparability of study groups related to demographic and other potential confounding factors</p>
<p>Morrison et al., 1997, Glasgow, Scotland</p> <p>Funding source: Greater Glasgow</p>	<p>Prospective cohort study comparing clinic experiences at the Sexual Health Help Centre (SHHC) with experiences at clinics with</p>	<p>Young people who either attended the SHHC between June 1995 and February 1996 and those who did not</p>	<p>SHHC provides FP and SH services specialized for young people ≤ 20 years; SHHC characteristics:</p> <ul style="list-style-type: none"> • Open Saturday 1-3:30 pm • Informal atmosphere 	<p><u>Short-term Outcomes</u></p> <p>Compared with conventional FP services, those who received SHHC services reported significantly ($p<0.01$) higher ratings of: satisfactory opening times (86% vs. 70%); pleasant surroundings (98% vs. 88%); and feeling relaxed while waiting for</p>	<p>Level II-2; moderate risk for bias</p> <p><u>Strengths</u></p> <p>SHHC and non-SHHC groups</p>

¹ Also implemented a cross sectional survey to gather adolescent/young adult perspectives addressing key question 4.

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<p>Health Board Health Promotion Department</p>	<p>“conventional FP services”</p>	<p><u>SHHC users (n=151):</u> Female = 99% Age = mean of 17.3 years</p> <p><u>Non-SHHC users (n=217):</u> Female = 69% Age= mean of 17.1 years Ethnicity: NR</p> <p>SHHC users were asked to participate in an interview after a clinic consultation</p> <p>Non-SHHC users were recruited from schools, youth groups and sports clubs</p> <p>For analyses, SHHC users (n=151) were compared with 67 users of conventional FP services (n=32)</p>	<ul style="list-style-type: none"> • Waiting area with age appropriate posters, music, videos, free condoms and information on contraception and SH • Assurance of complete confidentiality <p>Clients also encouraged to bring along friends or sexual partners</p>	<p>a consultation (76% vs. 48%); no significant differences were found in ratings of satisfactory location or formal surroundings</p> <p>Compared with conventional FP services, those who received SHHC services reported significantly ($p<0.01$) higher ratings of clinical staff: treating what they said in confidence (98% vs. 84%); treating them in a professional manner (99% vs. 86%); explaining medical terms in language they understood (99% vs. 87%); and respecting their privacy (93% vs. 61%); no significant differences were found in ratings of clinical staff being friendly, approachable, treating them as an individual, listening to what they said, or being professionally experienced enough to deal with their problems.</p> <p>Compared with conventional FP services, those who received SHHC services reported significantly ($p<0.01$): higher ratings of being happy with the form of contraception they received (98% vs. 87%) and feeling that staff understood their problems (99% vs. 85%), and</p>	<p>were matched on age and area of residence and had comparable social backgrounds</p> <p>Conducted statistical tests of significance</p> <p><u>Weaknesses</u></p> <p>Recall bias</p> <p>Self-report bias</p> <p>Disparate recruitment methods and participation rates for SHHC (57%) and non-SHHC users (91%, calculated from manuscript data)</p> <p>Non-independence of data (32 females were included in both analytic comparison groups)</p>
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		from the SHHC group and $n=35$ from the non-SHHC group)		lower ratings of feeling embarrassed during the consultation (10% vs. 23%)	
Wilson et al., 1994, UK Funding source: NR	Analysis of repeated cross-sectional population-based surveys, 1986-1992 to assess trends in rates of conceptions, maternity, and abortion among young persons 11-19 years to determine the effectiveness of teen clinics to reduce teen conceptions	<p>Characteristics of women in population-based surveys from 1986-1992 NR</p> <p>Characteristics of young people who attended new teen clinics between April 1987 and June 1990 ($n=1,402$):</p> <p>Female = 100%</p> <p>Ethnicity: NR</p> <p>Ages 12-19 years</p>	New health center offered contraceptives and counseling services via easy access “drop in” clinics for young people aged 12 to 19 years; routine and crisis management of sexual and general health problems was offered by a team of specialist health professionals	<p><u>Long-term Outcomes</u></p> <p>Conception rate among women aged 11-19 increased from 52.9/1,000 in 1986 to 66.2/1,000 in 1992 with a significant ($p<0.0001$) linear trend detected</p> <p>Abortion rate among women aged 11-19 increased from 17.2/1,000 in 1986 to 23.1/1,000 in 1992 with a significant ($p<0.0001$) linear trend detected</p> <p>Maternity rate among women aged 11-19 increased from 35.7/1,000 in 1986 to 43.1/1,000 in 1992 with a significant ($p<0.0001$) linear trend detected</p>	<p>Level II-3; high risk for bias</p> <p><u>Strengths</u></p> <p>Objective measures were obtained from population-based surveys</p> <p>Conducted statistical tests of significance</p> <p><u>Weaknesses</u></p> <p>No information on intervention exposure among population-based survey respondents</p> <p>Clinic attendees represented only ~7% of teens in the district; may not be realistic to expect program-</p>

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					related change in population-based estimates
<p>Winter and Breckenmaker 1991, U.S.</p> <p>Funding source: Ford Foundation</p>	<p>Non-randomized trial to assess experimental service protocol for teen FP patients</p> <p>2 study groups,</p> <p>6 non-metropolitan FP clinics, (3 control clinics and 3 experimental clinics)</p> <p>FU=12 months</p>	<p>FP patients aged 18 or younger</p> <p>Female = 100%</p> <p>Ethnicity: 98% White, non-Hispanic</p> <p>Age: ≥40% aged 17, ~34% aged 16, ~16% aged 15 years</p> <p>Number of individuals enrolled= 1,256</p> <p>Baseline data collected= 251 individuals (experimental group= 93; control group who received usual service delivery practices= 158)</p> <p>Treatment phase collected= 1,005 (experimental group=</p>	<p>A set of family planning service protocols tailored to meet the needs of teen patients that emphasized in-depth counseling, education geared to an adolescent's level of development, and provision of reassurance and social support</p>	<p><u>Long-term Outcomes</u></p> <p>Among all patients in the original sample (N=1,010), 3.1% at experimental clinics vs. 5.5% at control clinics ($p<0.10$) reported a pregnancy</p> <p>Among continuing patients (patients for whom FU data were available, $n=740$), 4.0 % at experimental clinics vs. 7.8% at control clinics ($p<0.05$) reported a pregnancy</p> <p><u>Medium-term Outcomes</u></p> <p>Intervention group, compared to control group, was more likely to be: using chosen method at 6 months FU (92% vs. 85 %, $p<0.01$), using chosen method at 12 months FU (90% vs. 81%. $p<0.05$), and using any method at 6 months (97% vs. 92%, $p<0.01$)</p> <p>Intervention group patients with problems, compared to control group patients with problems, were more likely to continue using their method despite</p>	<p><u>Level II-1; high risk for bias</u></p> <p><u>Strengths</u></p> <p>FU= 1 year</p> <p><u>Weaknesses</u></p> <p>High attrition</p> <p>Participation rate unknown</p> <p>Self-report bias</p> <p>Comparability of groups questionable (baseline data not collected for 80% of participants); experimental sites had elevated satisfaction scores at baseline</p>

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		425; control group=580)		<p>problems at 12 months FU (71% vs. 40%, $p<0.01$)</p> <p><u>Short-term Outcomes</u></p> <p>Intervention group had significantly ($p<0.015$) improved knowledge [t(459)=2.43] from baseline to FU; no differences in control group</p> <p>No significant change in patient satisfaction was observed</p>	Pregnancy measurement method unclear
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FP, Family Planning; GP, General Practitioner; HRSA, Health Resources and Services Administration; MN, mean; NA, Not Applicable; NR, Not Reported; RDSU, Research and Development Support Unit; RH, Reproductive Health; Sexual Health, SH; UK, United Kingdom

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Appendix Table 4. Summary of Studies Describing Key Characteristics

Reference/ Funding Source	Study aim	Study population	Observational method	Clinical barriers and/or perspectives on what constitutes youth-friendly characteristics
<p>Alberti et al., 2010, U.S.</p> <p>Funding source: New York City Department of Health and Mental Hygiene</p>	<p>To assess the teen friendliness in South Bronx medical practices, and to evaluate intervention designed to increase teen friendliness</p>	<p>105 South Bronx medical practices known to provide adolescent health care</p> <p>Age, gender, ethnicity: NR</p> <p>Enrolled = 75</p> <p>Dropped out = 0</p>	<p>Article presents teen friendliness assessment of South Bronx medical practices that see teens for sexual and reproductive health care; no practice was deemed teen friendly and a two-hour specialized training was developed to improve “teen friendliness”</p>	<p><u>Characteristics</u></p> <p>Frontline staff’s teen-friendliness was evaluated based on mention of (1) confidentiality, (2) parental involvement, (3) insurance, and (4) whether the teenager could be seen regardless of his/her ability to pay. Customer service scores were based knowledge, friendliness, and comforting approach</p>
<p>Brindis et al., 2005, U.S.</p> <p>Funding source: CDC, HRSA</p>	<p>To examine the implementation of service integration of HIV, STD, and FP and teen friendliness as strategies to improve adolescent SH and RH</p>	<p>Administrators, providers, and adolescent clients from 10 clinical adolescent SH and RH clinics chosen from a survey of San Francisco Bay Area communities</p> <p>Inclusion criteria for the geographic area included: high rates of STDs and births among teens; a racially and ethnically diverse</p>	<p>Semi-structured interviews conducted; programs were placed into a topology of integrated service delivery models</p> <p>The teen friendliness of each program was assessed</p>	<p><u>Characteristics</u></p> <p>Services available free for teens, easy access to public transportation, designated hours for teens, testing services available outside of facility; specific protocols to protect teens’ confidentiality; holistic approach to teens; outreach for teens; providers with specialized training; provider demographics reflect clients; peer involvement: teens organize events/presentations for other teens, teens have input on service delivery; client-provider rapport</p>

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Reference/ Funding Source	Study aim	Study population	Observational method	Clinical barriers and/or perspectives on what constitutes youth-friendly characteristics
		<p>population; and a wide range of SH and RH service providers; Alameda County selected.</p> <p>Gender, ethnicity, age= NR</p> <p>Through meetings with key community informants and listings from service provider directories, the project team identified programs; key community informants facilitated the process of recruiting administrators and providers</p>		
<p>Chambers et al., 2002, UK</p> <p>Funding source:</p>	<p>To examine views of young people and professionals on ways to reduce the frequency of</p>	<p>SH service providers and young people in North Staffordshire, UK</p> <p><u>Professionals:</u></p>	<p>A comparison of consensus emerging from adult and young people workshop discussions and subsequent modified two-round Delphi</p>	<p><u>Characteristics</u></p> <p>Among young people: Being “young person-centered” and using creative ways of communicating health and education messages, desire for increasing privacy in personal consultations</p>

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Reference/ Funding Source	Study aim	Study population	Observational method	Clinical barriers and/or perspectives on what constitutes youth-friendly characteristics
Department of Health	teenage pregnancy.	Female = 74% Age= NR Ethnicity: NR <u>Young People:</u> Female = 65% Age=12 to 20 years Ethnicity: NR <u>Providers: postal round 1</u> = 50; postal round 2 = 56 <u>Young people: postal round 1</u> = 18; postal round 2 = 14	questionnaires for each group	Both young people and providers agree on the following: peer involvement; training for patient provider interaction; locating SH services for teenagers in settings youth frequent
Cromer et al., 1999, UK, U.S., Netherlands, Sweden	To assess relevant issues for comparing rates of adolescent pregnancy between	75 professionals who had a particular expertise or interest in adolescent pregnancy (clinicians, politicians, public health administrators, social and behavioral	Face-to-face, semi-structured interviews conducted in the UK, U.S., the Netherlands and Sweden to obtain the impressions of key informants; Inductive, systematic qualitative	<u>Characteristics</u> Accessible location and staff; convenient hours; low cost; services located in close proximity to adolescent residences or schools; transportation to access to services; contraceptive accessibility; friendly, nonjudgmental approach from all staff; comprehensive care, i.e. more than just contraceptive options offered.

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Reference/ Funding Source	Study aim	Study population	Observational method	Clinical barriers and/or perspectives on what constitutes youth-friendly characteristics
Funding source: NR	industrialized countries.	<p>scientists, and antiabortion activists)</p> <p>Gender, ethnicity, age= NR</p> <p>A contact person in each country, identified by principal author's professional organization, identified potential interviewees; no one declined.</p> <p>Sweden (<i>n</i>=20)</p> <p>U.S. (<i>n</i>=18)</p> <p>UK (<i>n</i>=18)</p> <p>Netherlands (<i>n</i>=19)</p>	analysis was performed on verbatim transcripts of interviews	
Donovan et al., 1997, UK Funding source: NR	To assess a peer-based program that assessed teenagers' use, views, and opinions of their	4,481 grade 11 students from 30 schools in rural, semi-urban, and urban areas of UK	Questionnaires were completed as part of an evaluation of a novel sex education program. Data was collected from successive years (1990-	<p><u>Characteristics</u></p> <p>When asked what would make a GP consultation easier:</p> <ul style="list-style-type: none"> • 72% of males and 64% of females cited quicker appointments

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Reference/ Funding Source	Study aim	Study population	Observational method	Clinical barriers and/or perspectives on what constitutes youth-friendly characteristics
	GP services, with particular respect to the issues of contraceptives.	<p>outside of major cities.</p> <p>% Female = 48.4%</p> <p>Ethnicity: NR</p> <p>MN age = 16.2 years</p> <p>Prior to the questionnaire sessions, discussions were held with each school for agreed upon procedures. Parents were informed and consent obtained by letter.</p> <p>Completed questionnaires: <i>n</i>= 4,481</p> <p>Eligible: <i>n</i>= ~5,271</p>	1994) of national curriculum grade-11 students (age 15/16 years).	<ul style="list-style-type: none"> • 56% of males and 61% of females responded a “more sympathetic doctor” • 58% of males and 57% of females responded “friendly receptionist.” • 73.2% of all respondents (males and females) cited having more time • Among just females, 81.7% reported a GP of the same sex <p>77.6% thought their consultations would be completely confidential</p>
French, 2002, UK Funding source: Camden &	To examine young people’s attitudes towards and experiences of consultations with health care	<p>Young people aged 16-21 years</p> <p>Interviews: 32 young people (males and females) recruited from: young mothers’</p>	In depth interviews and focus groups conducted; interviews and focus groups taped, transcribed and analyzed by author. Grounded theory	<p><u>Characteristics</u></p> <p>Adequate time during consultation to discuss contraceptive decision making and effective use of methods; additional educational materials; non-judgmental approach from providers; desire for more contraceptive choices; staff with</p>

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Islington Health Authority	providers about contraception	<p>support group = 2, termination of pregnancy clinic = 6, youth community project = 9, and young people's contraceptive services = 15. Ethnicity, % female= NR</p> <p>4 focus groups held: <i>n</i>= 28: at boys school (<i>n</i>=13); at mixed sex school (<i>n</i>=6, male: female=2:1); at youth club (<i>n</i>=6, male: female= 1:1). Ethnicity= NR</p>	approach used to analyze data. Contraceptive consultations with health care workers were also observed and notes taken.	training on working with young people and discussing confidentiality
Hayter et al., 2005, UK Funding source: NR	To assess views of service users towards sexual health nursing outreach clinics situated in youth clubs	<p>Young people aged 13-18 years, attending SH nursing outreach clinics in Doncaster, England</p> <p>% Female = 55%</p> <p>Ethnicity: NR</p> <p>Age: Respondents under 16 = 80%, those of</p>	<p>Questionnaires collecting data on service use and service users' views of the clinics; 20 semi-structured interviews were conducted with service users</p> <p>Clinic Characteristics:</p> <ul style="list-style-type: none"> • “sexual health outreach clinics” located within youth clubs used by young people in the evenings to socialize and 	<p><u>Characteristics</u></p> <p>Among questionnaire responses: 95% of respondents reported clinic was easy to use; 90% agreed that staff treated them respectfully; 90.3% thought the staff were good listeners; 84.3% felt able to ask all their questions; 90.3% reported they had enough time to talk with staff ; 93.3% agreed they were able to talk in private</p> <p>Among service user interviews, young people identified respectful and nonjudgmental attitudes of clinic staff and stressed the value of confidentiality</p>

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		<p>which were aged 14 and under = 50%</p> <p>Questionnaires distributed (25% sample of service users) = 250</p> <p>Questionnaires completed = 166</p>	<p>participate in recreational activities</p> <ul style="list-style-type: none"> • Staffed by one nurse and two “youth workers,” adult staff trained and experienced in working with young people • Open night per week 	
<p>Herz et al, 1988, U.S.</p> <p>Funding source: Grants to the Center for Health Services and Policy research, Northwestern University, Ford Foundation, Chicago Community</p>	<p>To examine patient perceptions of a Chicago public health clinic's special family planning program for adolescents, the Teen Clinic; also employed a prospective cohort study² to assess new patients</p>	<p>Adolescents (ages 19 or younger at the time of registration)</p> <p><u>Patient Registration:</u></p> <p>Female = 87.8%</p> <p>Ethnicity= 100% AA</p> <p>MN age = 16.4 years</p> <p><u>Survey:</u></p> <p>Ethnicity=100% AA</p> <p>Age: NR</p>	<p>Questionnaire examined patient perceptions of the Teen Clinic via a cross-sectional survey</p> <p>Clinic Characteristics:</p> <ul style="list-style-type: none"> • No cost • Tailored hours: one afternoon/week, 2 - 6 p.m. • Provides rap group, offering patients a forum to discuss human sexuality, birth control, interpersonal relationships, and related topics 	<p><u>Characteristics</u></p> <p>Responses among respondents asked why they initially chose Teen Clinic: “services are free” (36%); “clinic is for teens only” (34.7%); “open in afternoon” (19.3%); “easy to get here” (24%); "staff friendly" (28.7%) ; "comfortable talking to staff" (27.3%); "friends come here" (22%); "no parental consent required" (26.7%); "staff won't tell" (24%)</p> <p>Responses among respondents asked why they kept coming back: "easy to get here" (33.3%); "staff friendly" (32.4%); "comfortable talking to staff" (35.3%); "clinic is for teens only" (35.3%); "open in the afternoon" (27.5%)</p>

² This part of the study is summarized in Table 3.

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Trust, Field Foundation, and Joyce Foundation		Participation rate= ~90% Survey completed = 153 At the beginning of each Teen Clinic session, all clients seeking contraceptive services were approached by a research assistant	<ul style="list-style-type: none"> • Outreach and recruitment strategies including flyers and presentations given in local schools 	
Ingram and Salmon, 2007, UK Funding source: Primary Care Practice Development Unit at the University of the West of England	To evaluate the patterns of use, effectiveness and acceptability of the “No Worries!” service -- a nurse-led drop-in sexual health service	Young people aged 13-21 who attended “No Worries” clinics from November 2004-February 2005 <u>Questionnaire respondents</u> % Females = 93% Ethnicity: B, NH or O = 3% (approximately) Age: 15 or 16 years old = 58%	Validated patient satisfaction questionnaires conducted; two experienced researchers conducted semi-structured interviews which were transcribed and analyzed by 2 researchers using recognized qualitative data analysis approach Clinic Characteristics: <ul style="list-style-type: none"> • Staff have received a ‘No Worries!’ training • Staff are expected to listen actively • Staff are expected to respect client confidentiality 	<u>Characteristics</u> Among questionnaires responses, respondents usually chose the clinic because it was nearby or more convenient than anywhere else and most found that it was easy to attend between 3 p.m. and 5 p.m. (percentages NR). In free-text comments about what they liked most about the service: staff being helpful, friendly, welcoming (49%); easy to talk to, they understand (14.4%); privacy, confidentiality (14.4%) Interview responses: reasons for choosing the clinic: proximity, range of services offered, confidentiality, drop-in nature, accessibility of staff. The social aspect of the clinic helped them to feel relaxed and enabled peers to support each other. Staff were seen as friendly, nonjudgmental and reassuring. Confidentiality emerged as an important issue- young people felt they could discuss issues without fear of others finding out

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		<p>Questionnaires completed: $n = 153$</p> <p>Participation rate: 89%</p> <p>Recruitment: completed at end of first visit, youth also indicated if they were willing to participate in an interview</p> <p>Interviews: $n=15$</p> <p>Participation rate= NR</p>	<ul style="list-style-type: none"> • Each clinic opened once a week for 2-3 afternoon hours • Informal seating, background music, light refreshments. • A holistic approach taken, including responding to requests for information on other topics 	
<p>Kapphahn et al., 1999, U.S.</p> <p>Funding source: Commonwealth Fund of New York, and Generalist Faculty Scholars Award from Robert Wood</p>	<p>To assess influence of demographic variables and health risk status on adolescents' preferences and actual receipt of services regarding provider gender, sharing a physician with parents, and private examinations</p>	<p>Students in 297 public, private, and parochial schools</p> <p>Females = 53.1%</p> <p>Ethnicity: W, NH = 65%</p> <p>Age: grades 5-12</p> <p>265 schools were selected at random from the National Center for Educational Statistic's database of</p>	<p>Data from students participating in the Commonwealth Fund 1997 Survey of the Health of Adolescent Girls were analyzed.</p>	<p><u>Characteristics</u></p> <p>Provider gender preference: 50% females preferred to have a female provider while 48% had no preference. 65% males did not have a preference regarding provider gender.</p> <p>Preference regarding parental presence: among 5-8 graders, most females (54%) preferred to have parent present during examination vs. no preference or preferred to be alone, whereas males most likely to say they had no preference (44%); Among 9-12 graders, most females preferred to be alone (41%), and most males (51%) preferred to be alone</p> <p>Private time with provider: Younger adolescents were less likely than older adolescents to have had private time with their provider: among females, 42% 5-8 graders vs. 70% 9-12</p>

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Johnson Foundation		<p>approximately 80,000 public, private and parochial schools in the United States.</p> <p>Surveys completed = 6,748; 5,067 included in analysis of health care preferences.</p>		<p>graders; among males, 53% 5-8 graders vs. 77% 9-12 graders; 88% females who reported having a pelvic examination for a reason related to sexual activity had private time with a provider vs. 54% females reporting no pelvic examination; 68% females with female providers had private time with their providers, vs. 53% females with male providers ($p<0.001$). There was little difference in private time for males seeing male or female providers. Authors conclude that factors behind the lower rate of private time offered adolescent girls by male health care providers needs to be assessed. They suggest education and training for providers.</p>
<p>Peremans et al., 2000, Belgium</p> <p>Funding source: NR</p>	<p>To determine the needs and expectations of adolescent girls concerning contraceptive use as well as their attitude toward healthcare providers</p>	<p>17-year old girls</p> <p>100% Female</p> <p>Ethnicity= NR</p> <p>Mean Age = 17.8 years</p> <p>Direct sampling</p> <p>Number of individuals= 26</p>	<p>One focus group per school from 4 secondary schools were conducted; sessions recorded and transcribed then coded.</p>	<p><u>Characteristics</u></p> <p>Majority of girls went to their own general practitioner because they knew and trusted him or her</p> <p>Accessibility was an important reason to go to the general practitioner</p> <p>Experience rather than age was an important criterion for choosing a physician. Female physicians were more popular</p> <p>Adolescents look for services/ professionals with an attitude of “caring about teenagers”</p> <p>Time physician spent on patient, cost, wait time, and delays in appointments were important issues</p> <p>The close relation with GP could be an obstacle to talk about sexual problems and contraceptives</p> <p>Waiting rooms atmosphere also important</p>

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<p>Perry et al., 2008, UK</p> <p>Funding source: NR</p>	<p>To assess two services which were set up specifically for young people, exploring service use and patient satisfaction among the young people served</p>	<p><u>Service one:</u></p> <p>Patients between September 1999 and June 2000</p> <p>MN age = 14 years</p> <p>Ethnicity: NR</p> <p>Female new clients = 48%</p> <p>Contacts recorded = 425</p> <p>Those of which were new clients = 149</p> <p>Individuals that completed questionnaire = 86</p> <p><u>Service two:</u></p> <p>Patients between October 2001 and June 2003.</p> <p>Female new clients = 68%</p> <p>Ethnicity: NR</p>	<p>Questionnaires were administered to assess patient satisfaction.</p> <p>Clinic Characteristics:</p> <p><u>Service One:</u></p> <ul style="list-style-type: none"> • For young people ≤ 18 years • Open 3 hours/week on Monday evening • Service delivered on a 'drop in' basis • Staffed by two Youth Workers, a Family-Planning Nurse and a School Health Adviser • Offered information, advice and support on any issue affecting the lives of young people <p><u>Service Two:</u></p> <ul style="list-style-type: none"> • For young people ≤ 18 years • "A sexual health service specifically for young people" • Located next door to a sixth form college • Staffed by a receptionist and a Family-Planning Nurse, with doctor on call if needed 	<p><u>Characteristics</u></p> <p><u>Service one:</u> Among questionnaires completed ($n=86$), percent agreed/strongly agreed that: service was in the right place (93%); waiting areas were okay (93%); they were seen quickly (85%); staff were friendly (99%); the conversations they had with staff were private (90%); they were happy with the services/ support provided (96%); the opening hours were okay (86%); and they would come back to the service (82%)</p> <p><u>Service two:</u> Among questionnaires completed ($n=36$), percent agreed/strongly agreed: the service was in the right place (97%); the waiting areas were okay (94%); they were seen quickly (75%); staff were friendly (94%); conversations they had with staff were private (94%); agreed/strongly agreed that they were happy with the services/support given (97%); opening hours were okay (53%); they would come back to the service (97%)</p>

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		<p>MN age = 16.8 years</p> <p>Contacts recorded = 399</p> <p>Those of which were new clients = 118</p> <p>Individuals that completed questionnaire = 36</p> <p>Questionnaires were handed out by a receptionist, completed anonymously, and left in a collection box</p>	<ul style="list-style-type: none"> • Open for 2 hours every Monday lunch time during the college term 	
<p>Russell et al., 2004, U.S.</p> <p>Funding source: Agriculture Experiment Station funds through University of California Division of</p>	<p>To inform culturally appropriate Hispanic teenage pregnancy prevention programs, assessing the challenges associated with implementation of these programs and strategies for success</p>	<p>Pregnancy prevention practitioners who work primarily with Mexican American female teenagers in the San Francisco Bay area and in Southern Central Valley in California</p> <p>% Female: 55.1%</p> <p>Ethnicity: H or L = 44.8%</p>	<p>Interviews conducted, audiotaped, transcribed and categorized and coded using qualitative data coding software</p>	<p><u>Characteristics</u></p> <p>Staff with ability to connect with and care for young people, to be an appropriate role model for teenagers, and to relate to and communicate with teenagers' families; staff being from the same economic background or having been a teenage parent seen as beneficial; staff with diverse backgrounds and experience; involving parents and extended family members; addressing confidentiality, especially for new immigrants.</p>

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Agriculture and National resources; University of California Institute for Mexico and the United States		Age: 20-29 years = 17.2% 30-39 years = 36.2% 40-49 years = 29.3% 50-59 years = 17.2% Practitioners interviewed = 58 Practitioners identified from authors' professional networks for voluntary participation; purposeful sampling used to select participants		
Wilson et al., 2000, UK Funding source: NHS	To assess views of local teenagers on current and future provision of SH services in one part of Leicester, UK	Teenagers aged 13–16 years in two of the three schools in the locality; teenagers aged 16–19 years living in the locality who attended 5 of the 7	A questionnaire was developed from literature review and focus group interviews. Administered in two schools, and by post to using the age-sex	<u>Characteristics</u> Respondents were asked about concerns with existing services they use (GPs, family planning clinics and pharmacists). Main concerns with GPs: confidentiality (45.7%), embarrassment (48.7%) and fear of examination (49.4%). Main concerns for FP services: concern about fear of being seen (31.9%) and transportation problems (33.9%). Concerns with pharmacists:

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Trent and Fosse NHW Trust		<p>local general practices</p> <p>% Female:</p> <p>Overall, Female = 35.4%</p> <p>Ethnicity:</p> <p>W, NH = 82.5%</p> <p>Age=NR</p> <p>Students that completed the questionnaire = 394 out of 399</p> <p>Teenagers aged 16-19 that completed the questionnaire = 317 out of 1,255</p> <p>Total respondents = 711</p>	registers of 5 of the 7 local practices	<p>embarrassment (55.2%) was a more frequent barrier than for the other two providers, but being seen was a less frequent obstacle (19.3%), as was transport problems (5.6%). A minority also expressed fear about confidentiality (27.4%)</p> <p>Regarding the best place and person (occupation and gender) to provide contraceptive advice, of the 479 who expressed a preference from one of the three options, 53.9% chose a GP surgery, 40.5% a FP clinic and 5.5% a community center</p> <p>Preference between doctor, nurse or community worker was answered by 510 respondents; doctor (62.9%, 67.2% of males, 55.6% of females); nurse (19.4%, 32.6% of females, 11.8% of males); community worker (17.6%, 21.1% of males, 11.8% females)</p> <p>When asked about preferred gender of provider, a majority of both sexes had no preference. However, 46.4% of 252 female respondents preferred a female practitioner, and 29.5% of 454 male respondents preferred a male practitioner. Of the 68 non-sexually active female respondents, 61.8% preferred female practitioner</p> <p>On easiest time for teenagers to use local services: of 665 who expressed a preference, 412 (62.0%) chose evenings (defined as 1,800–2,000 hours)</p>