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David Bromham Memorial Award May 2000

Bodyzone clinics: Young people's services in Oxfordshire

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Introduction

Bodyzone is a young persons drop in service run in eight small market towns in Oxfordshire. It is based in secondary schools, or in youth centres nearby, and runs once a week during the school lunchtime.

The service was initially developed to meet the needs of young people in a rural population. Many young people find it hard to use services primarily designed for adults. Additional problems for youngsters in rural localities arise from living in small, closely-knit communities where it is difficult to be anonymous, and from the lack of public transport into the towns from surrounding villages.

There is now interest in developing similar services in larger towns.

Objectives

- Raise awareness of health issues by providing information on a range of subjects relevant to young people and encouraging discussion in an informal setting.
- Offer support and advice to young people who have concerns about their health or wish to adopt a healthier lifestyle.
- Supply young people with contraception if appropriate.

Development of services

The first Bodyzone was established in a secondary school in January 1997. There are now six schools with Bodyzone on their premises, and four others who have arrangements for their pupils to visit Bodyzone sessions held in nearby youth centres. Five further locations are under discussion.

The service is supported by the Governors and it is actively promoted in the schools. The parents are routinely informed about Bodyzone and the availability of contraception has been made clear. There have been no complaints about this from the local communities, and many positive comments - there are now around 20 000 parents accepting this service for their children. It seems that the provision of contraception within schools does not cause a public outcry.

Staffing and work

The session is run by a school health nurse, a family planning nurse and a youth worker. Medical cover is available for the contraceptive aspects of the work, and this is usually provided by a rota of doctors on call from the local general practices. In some instances the family planning nurse is also a local practice nurse and medical cover is sometimes from the local family planning clinic.

The premises used depend on what is available. The service needs a reception area which can be used for general discussion, and two small rooms for individual consultations.

The session is run very informally, and the staff work flexibly, encouraging young people to discuss issues amongst themselves as well as to seek professional advice. The focus of the youth worker is mainly on relationships and social issues - problems at home and at school, for example bullying. The school nurse deals primarily with problems relating to health issues other than contraception - for example diet, smoking, acne, alcohol, stress, minor illnesses.

All staff are able to refer pupils for problems which are outside their scope so that Bodyzone acts as a 'stepping stone' to help young people access other services.

The family planning nurse gives information on contraception and sexually transmitted infections. She can issue condoms, emergency contraception and repeat supplies of the pill or injections using protocols from the family planning service; any complications picked up by the nurses' protocols are discussed with the doctor and often dealt with by phone. Patients need to be seen by a doctor for a first prescription of the pill or injection; this may be during the Bodyzone session or at another time and place which suits both the patient and the doctor.

The issues of confidentiality are the same as for contraceptive consultations in any setting. The staff encourage young people under 16 to discuss their sexual activity with their parents, and any child protection issues would be dealt with in accordance with local guidance.

The family planning nurse and the GP's are employed for their work at Bodyzone by the family planning service in the Community Trust. This makes the medico-legal relationships more clear-cut. The nurse and doctor are responsible to, and supported by, the nurse manager in family planning and the family planning consultant.

Outcome and evaluation

The staff work within the school to raise awareness of Bodyzone, but the best advertisement is word of mouth. It always takes some months for young people in a school to get to know about the service and to trust it.

A questionnaire study in the school with the longest running service showed that 90% of the pupils knew about the service and 17% had attended it. Those who said they had attended reported that they had got the advice and support they wanted. There was a clear sex difference: a quarter of all girls had been to Bodyzone compared with 10% of all boys; in years 10 and 11 (14 to 16 year olds) 40% of girls had attended.

The number of young people attending in any one lunch hour is very variable, sometimes they come in groups for a general discussion, sometimes for individual consultations. The school where Bodyzone has been longest established

has about 550 pupils. In this school on average seven or eight pupils are seen per session, of which two or three come for contraception. This is enough work for a group of three staff to see during a lunch hour of around 45 minutes.

Whilst we have encouraging evidence that the service is useful, a more formal evaluation is essential. This is being undertaken by Oxford Brookes University, with ESRC funding. From a contraceptive point of view, the desired eventual outcome would be a reduction in teenage pregnancy rates, but we would need a very large study to show this. There are, however, other important aspects to evaluate, in

particular does Bodyzone help those young people who find it difficult to access more conventional services ?

The project has also brought local health and education professionals together in a way which has general benefits for the provision of services to young people. Planning and working in Bodyzone helps GPs, youth workers, school health nurses, teachers, family planning doctors and nurses to get to know each other, to appreciate each other's roles and to communicate on other issues. This type of locality planning fits well with the ethos of primary care groups which will be developing a wider involvement in their communities.

Schering prize for the best poster

Mind mapping can be an affordable method as a tool to do a needs assessment in a developing country with scarce resources

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Introduction

About one-fifth of the world population are adolescents between the ages of 10 and 19. In the year 2000 approximately 86% of them are living in developing countries. There is an urgent need for the development of education and health systems tailored to meet the needs of young people. There are numerous programmes for youth services available, and different and sometimes confusing minimum requirements have been promoted by several organisations. A needs assessment can be an expensive and time-consuming process.

Objective

To determine services needed by local youth.

Method

A survey was conducted by two local school nurses in seven secondary schools using qualitative methods focussing on anonymous sessions using a mind mapping method (see 'Mind mapping - the method' below). A cross-sectional sample of approximately 50 learners per school was interviewed and a total of 324 responses were obtained.

Outcome measures

Outcome measures were defining youth-friendly reproductive health services and determining whether a need for these services exists. If a need was found to exist, further measures were determining what services young people expect, where such services should be, and when they should be available.

Results

The survey was completed in five working days. The overwhelming response was that there is a need for these services, even if it were integrated with existing local community clinics. The needs included services that did not always correspond with programmes proposed by other organisations. Valuable information regarding further improvements in existing services was also obtained.

Conclusions

Local needs by users must be kept in mind in the organisation of youth-friendly services. It is therefore important to do a local needs assessment before introducing a new programme. Using mind mapping, this need not always be a lengthy and expensive process.

Mind mapping: The method

Mind mapping is an easy to do, cost effective and not time consuming method. After distribution of small, equal size pieces of paper, a question or phrase is formulated. Participants write down the first feelings or thoughts that come to their mind. All notes are collected in a container so that nobody recognises the other participants' contribution. The facilitator takes the notes out separately and participants group them on a bulletin board. It is important

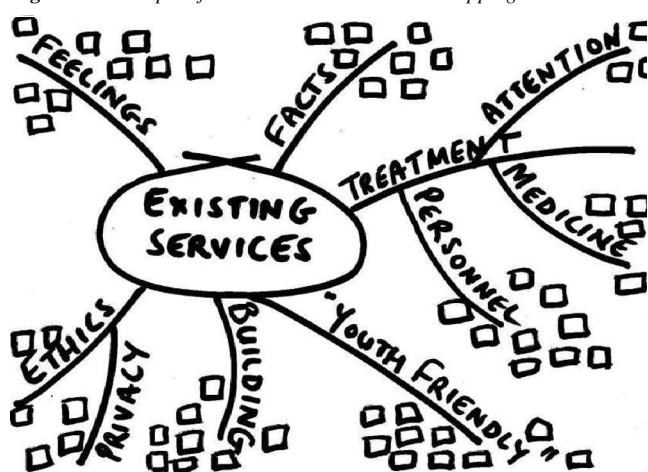
that the notes should be big enough that it can be easily read and moved around.

When participants in this needs assessment were asked to write down feelings about existing services, all the notes were posted in different islands representing different areas of thought. The words 'existing services' were written in the middle of the blackboard and the different groups of thoughts were then posted around some lines that connect the central theme (Figure 1). Further discussion, analysis and new ideas to formulate a solution or statement follow this. In this example the main areas of thought were on feelings, facts, treatment, the notion of 'youth friendly', ethics, privacy and the physical setting or building. The participants generated all these thoughts without the help of the facilitator.

The facilitator should not comment on, or interpret, the participants' contributions; this can be interpreted as the facilitator has becoming judgmental and can ruin further discussions by the participants. The remaining time with the participants will then resemble a one-way lecture. It is important to concentrate and remember what the participants say, and to keep the 'map'. Adolescents become notoriously suspicious when notes are taken during discussions and may withhold some important feelings.

There are several advantages of the mind mapping method. Every participant is 'heard' and given an opportunity to express their thoughts through the written notes. Some people find it difficult to raise concerns or talk about sensitive issues in focus group discussions. Mind mapping also shows the frequency, grouping and values of the participants. The facilitator can find the level of knowledge or concern of the group. It offers the opportunity to re-group, interpret and create constellations for further discussion. It is creative, gives new ideas and sensitises people to certain issues; this is very important in helping to promote and institute a new programme. The people who will benefit from the programme are empowered when what they expect from the service are perceived. People who

Figure 1 Example of bulletin board in the mind mapping method



become empowered will actively engage in the maintenance and management of the programme and eventually in their own health.

Further reading

1. Roth K and Svensson L. Educators who care and dare: Methods in family life education. Gothenburg: Alfredsson Offset Printers, 1999.
2. Steyn PS. Needs assessment for the minimum requirements in establishing a youth friendly service. *Sexual and Reproductive Health Bulletin*. 2000; **9**: 6–7.

Organon Laboratories prize for the best oral presentation

Large, thin walled, superficial endometrial vessels: The cause of breakthrough bleeding in women with Mirena?

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Background

The levonorgestrel intra-uterine system (LNG-IUS) is a recognised treatment for menorrhagia. Its use is commonly associated with inter-menstrual bleeding, the mechanism of which is unclear. We hypothesised that unscheduled bleeding arises from the breakdown of large, thin walled vessels in the superficial endometrium.

Method

Hysteroscopy

Hysteroscopy was performed on four patients with the LNG-IUS in situ.

Hysterectomy

Twenty-six women opting for hysterectomy as a treatment for menorrhagia are being randomised into two groups. So far 13 LNG-IUS and 13 control patients have been recruited. Additional slices of endometrium were obtained from patients undergoing hysterectomy for benign conditions ($n = 39$), eight of which were exposed to the LNG-IUS. Immunocytochemistry and stereological analysis was carried out on paraffin embedded endometrial sections for assessment of endometrial thickness, vessel volume, number and shape.

Results

Hysteroscopy

Hysteroscopy revealed the presence of macroscopically obvious vessels.

Hysterectomy

Interim analysis of endometrium from the LNG-IUS group showed great variability in endometrial thickness with an irregular surface compared to the control group, which was highly uniform. Additionally, stereological analysis of CD-31 labelled vessels revealed a surprisingly high degree of variability in volume fraction of the circulatory space in both control and treated patients. Although the majority of blood vessels were of normal size, there was a significant increase in diameter of the largest vessels after treatment ($p = 0.01$).

Conclusion

We have demonstrated that exposure to the LNG-IUS produces a highly variable tissue with a small proportion of large diameter, thin walled vessels. These vessels may have a role in breakthrough bleeding.

Statement on funding and competing interests

Funding. Schering Health Care Ltd supported this work via an investigator-initiated educational grant.

Competing interests. None declared.

Figure 1 Hysteroscopic view of a Mirena (M) within the uterus. The endometrial surface (E) is irregular and there are obvious macroscopic vascular lesions (V) present.

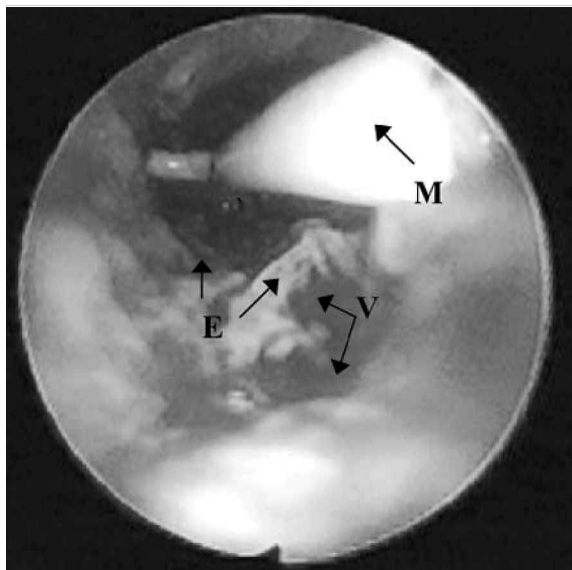


Figure 2 Microscopic view of endometrium which has been exposed to Mirena. The surface epithelium (SE) is irregular and there are occasional large abnormal vessels (V) which may be responsible for breakthrough bleeding.

