Effectiveness of Adolescence Friendly Health Services (AFHS) in India – Strategic plan of action to increase the efficacy in Bengaluru urban PHCs

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Abstract

The Government of India has launched a Programme called the Adolescent Reproductive and Sexual Health Programme under National Rural Health Mission as a part of RCH. This focus on ARSH and special interventions for the betterment of adolescent health, but due to various reasons the services are not being utilised by adolescents.

AIM: To analyze the effectiveness of a selected National Health Programme (AHFS) at Rural PHC, Bengaluru.

Methodology: The research used in this study was survey approach with the analytical design. Primary Data was collected by using Pre- designed observational checklist for situational analysis of Health Centre according IPHS standards for PHC. The data from service providers was collected using Pre- designed Semi structured interview schedule and observational checklist through participatory method and service recipients Harohalli, Rural PHC Semi structured interview schedule was administered to adolescents and their parents to gather the data. Secondary Data were gathered from Reports and Records available at Health Centre, Anganawadis and School were reviewed.

Results: All the adolescents who were interviewed were girls and were unmarried. Health providers involved in study, nearly three fourth 64% were in age group 30-35years, 20% of them were in the age group 25- 30years and 16% of them were in the age group of 35- 40years. Majority of parents 64% had completed their primary schooling and nearly half of 36% were secondary passed. **T**he quality of AFHS service provided by Health care provider -Doctors 60.86%, Staff Nurses 59.41%, Jr HA 42.02%, BHEO 47.82%, LHV 58.69%, AWW 36.95%, ASHAs 17.39%, HI 19.56%, Head Master 28.26%, Teachers 13.04%. Doctors and Staff nurse revealed that adolescents usually visited PHC with other medical issues, menstrual discomforts, pain and sometimes with white discharge. It was revealed that, adolescents do not come to PHC because they feel shy and they are impatient, most of the health providers said that they are unable to talk to adolescent about reproductive health, sexual health and use of contraceptives. The interesting findings in the study were barriers of utilization of AFHS services- not seeking treatment were, 32% of them felt health issues are not serious, 80% felt shy, 52% were unaware of services provided.

Keywords: Adolescents, Service provider, Service recipient, Adolescent friendly health services, Primary health centre.

Introduction

The World Congress on Adolescent Health, says that if the government does not invest in this subset of population many of the SDG outcomes cannot be reached. Many of the adult health outcomes are based on what we do in adolescence. So, it is more important that all of them are healthy, this is the productive workforce in the next five to ten years. To accomplish this healthy workforce, we need both physical and mental health, and then skills, and when we combine these three, we get a healthy adult population. So, when we invest in adolescence, we not only get healthy young adults, but also get healthy citizens for the nation.

India has about 253 million adolescents (10 to 19 years), more than any other country and equivalent to the combined populations of Japan, Germany and Spain. India has the largest population of adolescents and every fifth adolescent in the world is an Indian. India is not focusing enough to ensure that they become productive adults. Adolescent health featured in national policy for the first time few years ago in the Rashtriya Kishor Swasthya Karaykram (RKSK), or National Adolescent Health Programme and many others. Each of these programmes for adolescents function by different ministries and fulfil different needs.

Government of India has recognized the importance of influencing health-seeking behavior of adolescents. The health situation of this age group is a key determinant of India's overall health, mortality, morbidity and population growth scenario. Therefore, investments in adolescent reproductive and sexual health will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraception need, reducing the maternal mortality, reducing STI incidence and reducing HIV prevalence. It will also help India realize its demographic dividends, as healthy adolescents are an important resource for the economy.

The govt has launched a Programme called the Adolescent Reproductive and Sexual Health Programme under National Rural Health Mission as a part of RCH. This focus on ARSH and special interventions for adolescents was in anticipation of the following expected outcomes: Delay age of marriage, Reduce incidence of teenage pregnancies, meet unmet contraceptive needs and reduce the number of maternal deaths, reduce the incidence of sexually transmitted diseases and reduce the proportion of HIV positive cases in the 10-19 years age group. One of the main

problems during this phase of growth is the inadequate calorie intake. Studies have shown that girls in rural areas take a mean of 1355K.Cals/day in the 13-15 years and 1292 K.Cals/day in the 16-18 years which is much below the recommended age-groups. The commonly observed health problems are vaginal discharge, hair lice, headache, painful menstruation, irregular and excessive bleeding, dental problems and short sight. Silent urinary tract infection, poor menstrual hygiene is some other additional problems. Psychological problems also arise like emotional disturbances, depression, low self-esteem, anxiety over inadequate or excessive secondary sexual development etc. Some of the specific strategies undertaken by various govts are Kishori Balika scheme under ICDS by Dept of Women and Child Development. Weekly once 100 mg iron Folic Acid supplementation of all adolescent girls through schools and anganwadi centers in AP.

Peer education and life skill development through education dept in Tamil Nadu, Maharashtra, Karnataka, AP etc. There is need for a service for providing counselling for adolescents within the district hospital and the CHC. In primary health centers and subcentres the skills to provide counselling both to adolescents and also to newly weds must be available. Peer educator network is also one of the key strategies to meet adolescents especially in marginalized groups like migrants ,rag pickers and certain occupational categories, street children and even larger socially under privileged groups like the urban slums or in tribal areas. Helplines and internet are some of the other way through which educated adolescent can access information. This is the period of life when there is maximal need for nutrition.

AIM: To analyze the effectiveness of a selected National Health Programme (AHFS) at Rural PHC, Bengaluru.

Materials and Methods

The research used in this study was survey approach with the analytical design. Primary Data was collected by using Pre- designed observational checklist for situational analysis of Health Centre according IPHS standards for PHC. The data from service providers (Doctors, Staff Nurses, ANMs, LHVs, Counselor, BHEOs, School teachers and Anganawadi Health worker) was collected using Pre- designed Semi structured interview schedule and observational checklist through participatory method and service recipients (Adolescents and their parents) Harohalli, Rural PHC Semi structured interview schedule was administered to adolescents and their parents to gather the data. Secondary Data were gathered from Reports and Records available at Health Centre, Anganawadis and School were reviewed. Tools used were Direct observation and Interview by using semi structured interview and observational checklists were used to collect information from adolescents and their parents and from the health personal from Harohalli Rural PHC, Ramanagar District. Data was analysed using descriptive and inferential statistics.

Results

All the adolescents who were interviewed were girls and were unmarried. Health providers involved in study, nearly three fourth 64% were in age group 30-35years, 20% of them were in the age group 25-30years and 16% of them were in the age group of 35-40years. Majority of parents 64% had completed their primary schooling and nearly half of 36% were secondary passed.

Results also shown that the quality of AFHS service provided by Health care provider -Doctors 60.86%, Staff Nurses 59.41%, Jr HA 42.02%, BHEO 47.82%, LHV 58.69%, AWW 36.95%, ASHAs 17.39%, HI 19.56%, Head Master 28.26%, Teachers 13.04%. Doctors and Staff nurse revealed that adolescents usually visited PHC with other medical issues, menstrual discomforts, pain and sometimes with white discharge. They have support from many private nursing colleges, they also expressed that there are insufficient resources provided, adolescents do not come to PHC because they feel shy and they are impatient, most of the health providers said that they are unable to talk to adolescent about reproductive health, sexual health and use of contraceptives.

Adolescent health problems were; menstrual discomfort 80%, breast tenderness 20%, heavy flow 60%, itching in perineal region 20%, unable to concentrate 28%, back pain 72%, pimples 88%, small breast 12%, loss of appetite 20%. Health information on adolescent health was given to them 24% and 76% did not receive any on information on adolescent health. Health education topic covered are Development of sexual characteristics 24%, problems associated with menstruation, nutrition 8%.

The interesting findings in the study were barriers of utilization of AFHS services- not seeking treatment were, 32% of them felt health issues are not serious, 80% felt shy, 52% were unaware of services provided. Services received by adolescents were on nutrition is 24%, the majority of 76% did not receive nutrition services, IFA and Albendazole were received by 44%, more than half 56% did not get them , Sanitary pads were received by 8%, 92% them are unaware of such service and never received any, 24% had easily accessed to other medicines, 76% never received any medicines but they expressed that medicines were given to them whenever required on demand only.

Other findings found during this study is that adolescents expressed they were feeling Shy and Fear - 80%, Uncomfortable with opposite sex health worker – 52%, Poor quality of services – 24%, Lack of privacy - 84%, Confidentiality – 40%, Long waiting time -36%, Parental consent to visit PHC – 52%, Lack of

Knowledge – 88%, Feeling discomfort – 52%, Clinic is during school timings – 48%

Parents of adolescents expressed their opinion on Lack of Knowledge – 100%, Social Stigma – 76%, Lack of confidentiality -68%, Lack of transport – 60%, Child doesn't have any problems -32%, Can't take child to doctor because of working hours – 56%, Child looks healthy – 72%, Child doesn't express anything to me – 52%, Feel shy to talk to child about reproductive health and care -80%.

Conclusion

Vulnerability of Adolescent is that it is not necessary for the adolescent to be sick. Even normal growth and development processes can cause health problems among them. Promoting healthy practices during adolescence and taking steps to better protect young people from health risks are critical for the prevention of health problems in adulthood, and for countries' future health and social infrastructure. As adolescent's flourish, so does their communities, and all of us have a collective responsibility in ensuring that adolescence does in fact become an age of opportunity

Their needs vary by their age, sex, stage of development, life circumstances, socio-economic status, marital status, class, region and cultural context. This calls for interventions that are flexible and responsive to their desperate needs. Hence, it's important to focus on adolescent health, increase the awareness among health workers, public, NGO and other support team to help in achieving the positive health. It's also important to focus on more supervision and monitoring on the services provided by the government. To focus also on increase the outreach programs to meet the needs of all at grass route level.

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