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Original Research Article

Adolescent friendly health services: where are we actually standing?

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ABSTRACT

Background: Services for adolescents are highly fragmented, poorly coordinated and uneven in quality. Adolescent-friendly services (AFHS) should be able to attract young people, meet their needs comfortably and with sensitivity, and retain young clients for continuing care. With this background, the present study was carried out to study the implementation status of Adolescent friendly health services and to determine compliance with quality standards.
Methods: Present cross sectional study was carried out at 10 Urban Health Centers of Ahmedabad Municipal Corporation. Study population comprised of adolescents (10 to 19 years). All adolescents aged 10 to 19 years (n=99) and all health care providers present at the time of visit at the facility were interviewed. Data was collected using WHO quality measurement tools. Data was analyzed using WHO scoring sheet for data analysis.
Results: Relative score for confidentiality, privacy, equitability, accessibility and knowledge gap in adolescent is 58.3%. Relative score for health care providers' competencies to work with adolescents and to provide them with required services is 42.6%. Relative score for Observation tool used for facility inventory is 45.6%. Overall relative score is 47.3% of maximum possible score.
Conclusions: As the score is near to the lower limit of class interval of 40% to 80%, it implies need of improvement.

Keywords: AFHS, Adolescent, Health care providers' competencies

INTRODUCTION

Many important social, economic, biological, and demographic events set the stage for adult life. It comprises the individuals between the ages of 10-19 years. During this important period, a child undergoes biological transition, which is characterized by puberty, related changes in physical appearance and the attainment of reproductive capability, psychological or cognitive transition, which reflects an individual's thinking, and social transition, which is related to rights, privileges and responsibilities of an individual.[1] One in every five people in the world is an adolescent. Out of 1.2 billion adolescent worldwide, more than 90% live in the industrialized world.[2]

Adolescent constitutes over 23% of the population in India. High birth rate will continue to increase this number.[3] They represent a resource for the future whose potential can either be wasted or nurtured in a positive manner. Adolescence proves to be the most vulnerable phase in the path of human life cycle after infancy, characterized by rapid growth and development with a transition from childhood to adulthood.[4] Exploration and experimentation, the hall mark of adolescent behaviour, often propel adolescents towards risk-taking and exposure to unwanted pregnancy, HIV/AIDS and other STIs, substance abuse and unintended injury.

Services for adolescents are highly fragmented, poorly coordinated and uneven in quality. Adolescents often

find mainstream primary care services unacceptable because of perceived lack of respect, privacy and confidentiality, fear of stigma and discrimination, imposition of the moral values of health-care providers. Adolescent-friendly services (AFHS) should be able to attract young people, meet their needs comfortably and with sensitivity, and retain young clients for continuing (follow-up) care.

Health and Family Welfare department in Gujarat has also initiated Adolescent Friendly Health Services (AFHS) Clinics at 55 centres in Gujarat under RCH-II. Out of this, 10 AFHS clinics were started in ten Urban Health Centres in Ahmedabad Municipal Corporation since 2010. These clinics operate on fixed days twice a week.[5]

The significant features of an Adolescent Friendly Health Center/Clinic (AFHC) encompass provision of reproductive health services, nutritional counseling, sex education, immunization and life` skills education. With this background in mind, the present study was undertaken to study the implementation status of Adolescent friendly health services and to determine compliance with quality standards.

METHODS

Ahmedabad Municipal Corporation has 64 UHCs across 6 zones. AFHS clinics are functional in 10 UHCs since 2010. Present cross sectional study was carried out at 10 Urban Health Centers of Ahmedabad Municipal Corporation. Study population comprised of adolescents (10 to 19 years). All adolescents (n=99) present at the time of visit at the facility were interviewed. Confidentiality was ensured.

All Health Care Providers (e.g. ANMs and Counselor) at the facility present at the time of visit were also interviewed.

A written consent of adolescents and health care providers was taken prior to the study.

Data was collected using WHO quality measurement tool described in WHO global standards for quality health care services for adolescents i.e. a) Adolescent client exit interview, b) Observation tool and checklist for facility inventory, c) Health care provider interview tool.[6,7] Data was analyzed using WHO scoring sheet for data analysis.[8] Relative score for Adolescent friendly health Characteristics was calculated as perspectives of adolescent client exit interviews, Health care providers interview and facility inventory.

RESULTS

It was found that only adolescent girls were availing the services of AFHCs.

Knowledge of adolescents regarding general health problems

All adolescents were aware about menstrual hygiene practices. Knowledge regarding anaemia and prevention of anaemia was around 89% and 82% respectively. Almost 48% adolescents were having knowledge regarding various contraceptive methods. Only 15.15% adolescent had knowledge regarding adolescent rights and Sexually Transmitted Diseases (Figure 1).

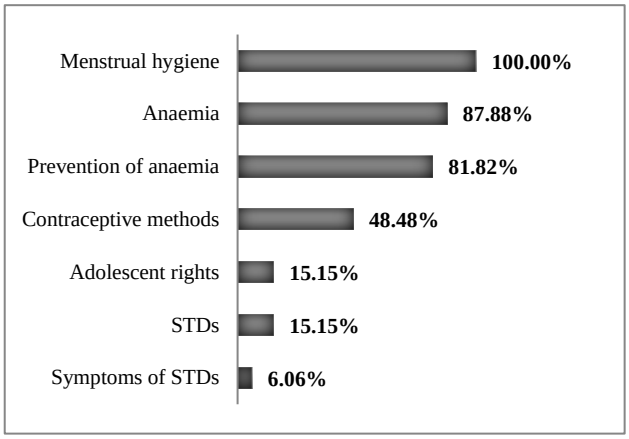

Figure: 1 Adolescents' awareness regarding their health problems.

Accessibility and timing

Out of total 99 adolescents 87.88% had felt timings and days were convenient to seek services. 93.94% adolescents were greeted well during their visit to AFHS clinic.

Privacy and confidentiality

Privacy had been not provided to 90.91% adolescents during their consultation. Curtains were available during counseling of only 42.42% adolescents girls (Table 1).

Facility inventory

It was found that sign board, basic amenities and system for data collection on service utilization was present in all 10 AFHS clinics. Privacy and confidentiality was provided in only 63.64% of the facilities. None of the facilities had training records and Information Education and Communication (IEC) material (Table 2).

Health care providers' knowledge, competency, skill and attitude

Out of total health care providers interviewed, majority of the health care providers (92.5%) had friendly and respectful behavior towards adolescent clients. More than 70% provided health education, counseling and information about services and they provided services without discrimination. Only 20% trained health care

providers knew the importance of respecting the rights of adolescents and were technically competent. Only 15.17% health care providers followed evidence based guidelines and protocols (Table 3 and Figure 2).

Compliance score of adolescent friendly health services was 47.3% (Table 4).

Table 1: Facility characteristics as per the perception of adolescents.

	Numbers of adolescents (n=99)	Percentage
Timings and days are convenient to seek services	87	87.88
Welcoming attitude by health-care providers	93	93.94
Welcoming attitude by supportive staff	66	66.67
Anyone entered during consultation	90	90.91
Convenient waiting time to see health worker	96	96.97
Denied services by the Health Care Workers at AFHS clinic	0	0.00
Availability of curtains in the counselling room	42	42.42
Cleanliness in the consultation area	99	100.00
Cleanliness surrounding consultation area	78	78.79
Posters displaying adolescent rights	0	0.00

Table 2: Observation of facility inventory.

Observation of facility inventory	Percentages
Sign Board	100
Training records & IEC material	0
Basic amenities	100
Necessary & Functioning equipments	87.5
A system for data collection on service utilization	100
Privacy and confidentiality	63.64
Stock management of the medicines	75
List of agencies and organization to increase community support	0
Guidelines, protocols, algorithms to cover topics of clinical care	0

Table 3: Assessment of health care providers' competency.

Health care provider Interview	Percentage
Health education, counselling and information about services	70
Good performance recognized and rewarded	0
Facility's reports to district include -cause-specific utilization data age, sex-wise.	90
Health-care providers and support staff in place.	90
Trained/sensitized health care providers, know the importance of respecting the rights of adolescents	20
Consultation offered during convenient hours with or without appointment.	100
Provide services without discrimination, in line with policies and procedures.	78
Supportive supervision received in areas identified during self-assessments.	80

Table 4: Compliance of adolescent friendly health services based on relative score.

Interview	Absolute total score	Maximum possible score	Relative score (%)
Confidentiality, privacy, equitability, accessibility and knowledge gap in Adolescents	45.48	78	58.3
Health care providers' competencies to work with Adolescents and to provide them with required services	51.95	122	42.6
Observation tool used for facility inventory	70.2	154	45.6
Overall score	167.63	354	47.3

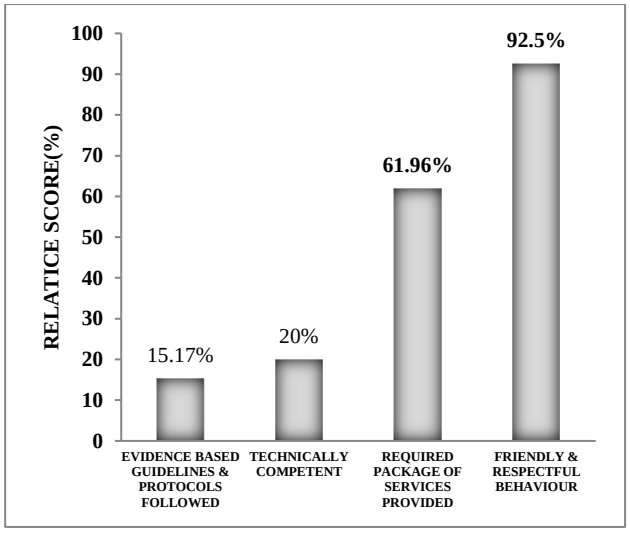

Figure 2: Assessment of health care providers' competency.

DISCUSSION

Evidence suggests that adolescents do not have adequate health literacy to enable them to gain access to understand and effectively use information in ways that promote and maintain their good health. Adolescent often lack accurate knowledge regarding health and disease, health related behavior, risk and protective factors, and the social development of health.

In present study the knowledge regarding health aspects like menstrual hygiene, anaemia and its prevention was good. In a study conducted by Arohi D et al on Adolescent Friendly Health Clinics in Ahmedabad, the knowledge related to Iron Deficiency Anaemia was poor (7% to 45%).[9] Study conducted by Angadi N et al on Knowledge, attitude, and practice about anemia among adolescent girls in urban slums of Davangere City, Karnataka reported that 40% of the girls knew about anaemia.[10] The reason for good knowledge in our study may be due to more emphasis on nutrition and menstrual hygiene. In present study the knowledge regarding contraceptives, STDs and adolescent rights was poor. Study carried out by Aggarwal O et al on sexuality of medical college students in Delhi in India reported that the knowledge regarding, contraception was 83.5% which may be due to different set up.[11]

Facility characteristics such as convenient operating hours are important for adolescents' access to services. The facility's physical environment (cleanliness, Design features that enable privacy and confidentiality) is a characteristic highly valued by adolescents. Majority of the adolescents were satisfied as far as accessibility, timings of the clinics and cleanliness are concerned which are essential to make the care process seamless. Most of the adolescents were greeted well during their visit to AFHS clinic and none of them were denied services by health care providers. Similar findings were also obtained in study done by Yadav RJ et al on evaluation of adolescent-friendly health services in India**.** In our study the privacy and confidentiality was not up to the mark. Our results are in contrast with Yadav RJ et al . In Yadav RJ et al the confidentiality in the AFHS clinics was found to be more than the other OPDs.[12]

The quality services at the health care facility should be provided to all adolescents irrespective of their ability to pay, age, sex, marital status, education, ethnic origin, sexual orientation or other characteristics. Majority of the health facilities were providing services without discrimination, in time with policies and procedures. To remove the fear and confusion for availing the health care, the written statement of adolescents' rights should be displayed. None of the facilities displayed the adolescent rights and the importance of respecting the rights of adolescents was known to few health care providers. Health Care Providers' competencies are at the core of quality service provision. Guidance- Driven care is central to young people's positive experience of care. Yet, many health care professionals report insufficient knowledge of and technical competence in adolescent specific aspects of health promotion, disease prevention, and management. In the present study none of the facilities were following guidelines, protocols, algorithms to cover topics of clinical care.

However in majority of the health care facilities sign board, basic amenities, necessary and functioning equipment and system for stock management of medicines was available. To support quality improvement, it is important that facility should collect, analyze and use data on cause specific service utilization and quality of care disaggregated by age and sex. Satisfactory mechanism was in place for cause specific utilization data age and sex wise. Similar findings were also obtained in Yadav RJ et al.[12] Action such as supportive supervision or reward and recognition of highly performing staff will help drive a culture that engages in health, improvement initiatives. Supportive supervision was received by majority of health care providers but none of them received any reward.

Overall score is 47.3% which is near to the lower limit of class interval 40% to 80% as defined under WHO standard which implies need of improvement.

However, study done in only 10 AFHS clinics of Ahmedabad city limits us to generalize the results. There is definitely a need for well-planned, large-scale studies using standardized methodologies to evaluate quality of AFHS clinics in India.

CONCLUSION

Implementation of AFHS is limited to utilization of services by girls only. Full utilization of services and that too by both the gender would be possible by providing comprehensive care- care that responds to the full range

of health problems and care for any condition of an individual. Compliance score of services implies need of improvement. To improve the providers' competency and technical skills, capacity building is required. Emphasis should be given to create awareness about reproductive and sexual health in addition to aspects related to nutrition and menstrual hygiene. Supply of IEC materials and there display is required to increase the awareness of beneficiary. To increase the utilization of services and that too by both girls and boys, confidentiality and privacy should be ensured and number of outreach sessions can be increased.

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