

ORIGINAL ARTICLE - PUBLIC HEALTH

A STUDY ON ANALYSIS OF UTILIZATION OF ADOLESCENT FRIENDLY HEALTH CLINICS AMONG ADOLESCENT IN TAMIL NADU

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Abstract

INTRODUCTION : Adolescents aged between 10-19 years constitute 18% of the world population, i.e., about 1.2 billion. India has the largest number of adolescents comprising one-fifth of the country's population. Adolescent health and nutrition status has an intergenerational effect. Services for adolescents are highly fragmented, poorly coordinated and uneven in quality. Adolescent friendly health clinics (AFHC) are designed to make health services accommodate the unique needs of adolescents. With this background, the present study was carried out to study the utilization of adolescent friendly health clinics in last one year in Tamil Nadu

METHODOLOGY : The study was a secondary data analysis conducted among the adolescent attended the AFHC in the year 2023-24 in Tamil Nadu. Proportion was calculated and key performance indicators of AFHC was analysed.

RESULTS : About 5% of male and 6% female adolescent utilized AFHC in the state. Skin problem consultation and anaemia management, nutritional counselling, referral to ICTC services are the major services utilized by the adolescent. Only 34% of married adolescent used contraception.

CONCLUSION : Emphasis must be laid to create awareness & utilization of services among adolescents & their wards regarding AFHS. The health planners should make efforts to create a conducive environment for the adolescent by training the AFHS providers, particularly those who work in government institutions, and strengthening the awareness creation strategies among adolescents to increase the utilization of the services.

KEYWORDS : adolescent, utilization, friendly, clinics

INTRODUCTION

The World Health Organization defines adolescent as people of age lying between 10-19 years of age.¹ Adolescents consists of one by fifth of the population and their numbers tend to increase in future years. Out of 1.2 billion of adolescents living worldwide more than 90% of them live in developing country. 23% of Indian population is consist of adolescent population.²

Adolescence is a stage of rapid physical, mental and psychological growth and development. Many diseases of adulthood originates in adolescence period. Moreover, experimentation and exploration are the hallmark of adolescent behaviour leads to risk-taking exposures like unwanted pregnancy, HIV/AIDS and sexually transmitted disease, substance abuse and unintended injuries.^{3,4} In case of health demands, the adolescent faces difficulties in seeking health services due to fear of disclosure, stigma and discrimination and perceived lack of respect. To overcome this challenge, it is important to develop a specific service designed for adolescent which attract the young people, meet their needs securely with continued follow up care. The service should be equipped with specially trained staffs with a comfortable and friendly clinic environment.⁵

The Rashtriya Kishor Swasthya Karyakram (RKSK)

was launched across India in 2014 by the Government of India to respond to the specific health needs of adolescents by providing Adolescent Friendly Health Services. The main objectives of the program is to enhance nutrition, to promote sexual and reproductive health, to improve mental health, to prevent injuries and violence, to mitigate substance misuse, and address conditions related to non-communicable diseases in the adolescents.²

In Tamil Nadu, this program aims to provide comprehensive health services for adolescents aged 10 to 19 years of age. This program targets adolescents of both genders, residing in urban and rural areas, whether in school or out of school, including married and unmarried individuals and those considered vulnerable or under-served. As on date 442 adolescent health friendly clinic were established in Tamil Nadu. The AFHC provides services to adolescent through Clinical services, counselling services, referral services and outreach services. Hence this study was conducted to assess



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the utilization of AFHC among the adolescents during the period April 2023- March 2024.

METHODOLOGY

The study was a secondary data analysis conducted among the adolescents attended adolescent- friendly clinics in Tamil Nadu during the period of April 2023 to March 2024 .The study population comprises of adolescents in the age group of 10 -19 years of both sexes.

A total of 610370 data of adolescents registered in the adolescent friendly health clinic was included in the study. The data was collected systematically on monthly basis from all the AFHC clinics located in Community Health Centres, District Headquarters hospitals, Sub-Taluk Hospitals and Medical colleges in Tamil Nadu by the statistical section of the Health Education Bureau department in the office of the Directorate of Public Health and Preventive Medicine, Chennai. The study data collected comprises of three section (i) number of established AFHCs till date (ii) socio-demographic details of the participants (iii) number of adolescents registered and utilized different types of services. The data was analysed using Statistical Package for the Social Sciences (IBM) software version 23 (IBM software groups and services, India).

The quantitative analysis were done and expressed in proportions. Since it is a secondary data analysis, wavering sought from the Institutional Ethical Committee.

RESULTS

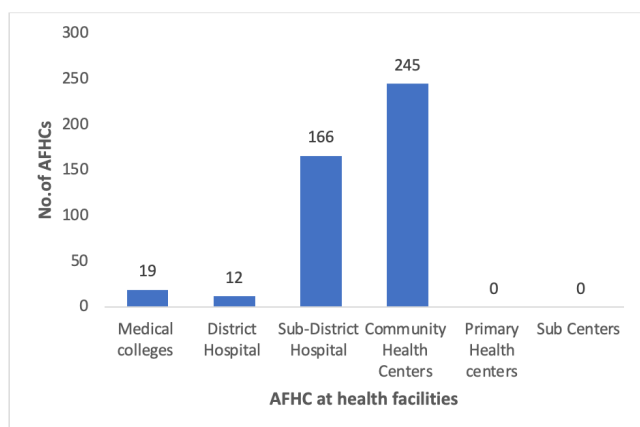


Figure 1: Distribution of Established Adolescent Friendly Health Clinics in Tamilnadu during the year 2023-24.

The above figure shows the establishment of the adolescent friendly health clinics in different public health sectors of Tamil Nadu as on 31.03.2024. 442 adolescent

friendly health clinics were established in the Government medical college hospitals, district hospital, sub –district hospitals and block PHCs and UCHC in corporations and in Greater Chennai Corporation.

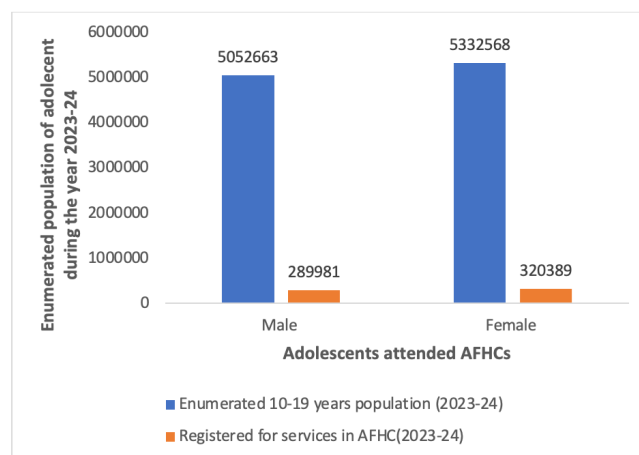


Figure 2: Distribution of utilization of AFHC by the adolescents of Tamil Nadu during the year 2023-24

When compared with enumerated population of adolescent in the year 2023-24 , only 289981(5%) adolescents in male and 320389 (6%) adolescents in females has registered and utilized the services in adolescent friendly health clinics.

Variable (N=610370)	Frequency	Percentage (%)
Age group (Years)		
10-13	164799	27
14-16	213629	35
17-19	231942	38
Sex		
Male	289981	48
Female	320389	52
Marital Status		
Unmarried	583935	96
Married	26435	4

Table 1: Distribution of Socio -demographic details of the adolescents registered in AFHC during the year 2023-24

About 44% in the age group of 10-14 years and 56% in the age group of 15-19 years has utilized the AFHCs. Majority of the services were utilized by the females (52%) when compared to males (48%). 1% of married adolescents were registered to the Adolescent clinics.

Skin problems (23%), management of anaemia-IFA tablets (23%), sexually transmitted disease management (9%) and menstrual problem management (9%) were the major clinical services utilized by the registered adolescents. Nutritional (35%) and skin related issue (2%) were the key counselling services opted by the adolescents in the clinics.

Table 2: Distribution of Clinical and Counselling services utilized by the adolescent at AFHC during the year 2023-24

Variable	Frequency	Percentage (%)
Clinical services (n=526919)		
Menstrual problems	47976	9
RTI/STI Management	49799	9
Skin problems	123277	23
ANC services	10208	2
IFA tablet	123609	23
Contraceptives	625	0
Immunizations	8527	2
Others	162898	31
Counselling services (N=601003)		
Nutrition	212449	35
Skin	131043	22
Pre-marital counselling	20292	3
Sexual problems	2492	0
Contraception	2763	0
Abortion	172	0
RTI/STI	45085	8
Substance abuse	1799	0
Learning problems	19830	3
Stress	16372	3
Depression	6840	1
Suicidal Tendency	806	0
Violence	1138	0
Sexual abuse	1094	0
Other mental health issues	2980	0
Others	135848	23

Among the referral services of AFHCs, majority of the adolescents were referred to ICTC (34%), skin OPD (13%) followed Obstetric and gynecology issues (3%).

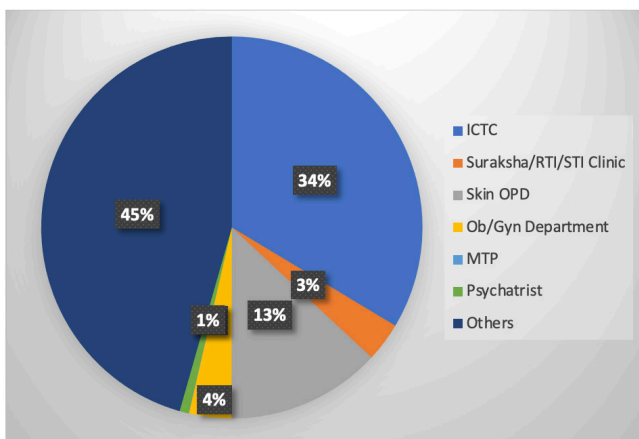


Figure 2: Distribution of referral services at AFHC during the year 2023-24, Tamil Nadu

The major outreach session for adolescent were conducted in schools and colleges by RBSK team (29%) followed in outreach camps conducted by Mobile Medical Units (MMU) teams (25%)and Village health sanitation and Nutrition day conducted by VHNs (27%).

Table 3 : Distribution of outreach services utilized by the adolescent during the year 2023-24

Variables (N=24146)	Frequency	Percentage (%)
At schools /Colleges	7516	29
In Outreach camps	5914	25
At village health Nutrition day	6378	27
HWC-Health Melas	3126	14
Youth clubs	1212	5
Vocational training centres	0	0
Youth festivals	0	0

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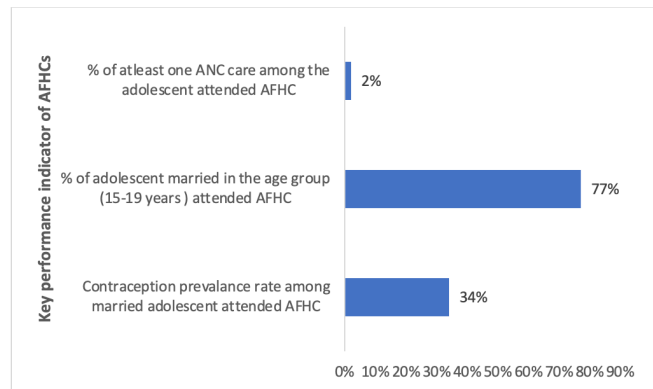


Figure 4 : Analysis of Key performance indicators of AFHC during the period 2023-24

As per the National Health Mission guidelines, the above three indicators are analysed quarterly. 86% of clinical services, 98% of counselling services and 10% of referral services were utilized by the registered adolescents during the period 2023-24. Among them counselling services are the major service utilized by the adolescents at AFHCs.

DISCUSSION

Our study found that there was lower utilisation of AFHC services among the study participants. The reason might due to efficient functioning of Health and wellness centres in villages and primary health centres, it covers adolescent services which is one of the important component of 12 comprehensive services. Moreover as per the results of National Family Health survey 2019-21, adolescent female (15-19 years) who seeks medical attention, counselling services or referral services are readily reached out by 11.6% by ANMs, 9.3% by Angawadi workers, 14.4% by ASHAs, 0.3% by MPH and 20.8% by any health worker.⁶ Hence this

explains the utilization of AFHCs is lower in the state since the adolescents were addressed at the community level and referred to appropriate higher centres.

This study systematically evaluated the programme services has drawn the conclusions about their quality and their effects. On reviewing different studies conducted over India since 2000, it was found that services were primarily carried out by NGOs and academic institutions and have focused primarily on service utilization trends and less focussed on the service design and implementation of AFHCs.^{7,8} In previous studies, study designs most commonly used were descriptive or quasi-experimental in nature but lacked a comparison group to draw inferences on effectiveness of initiatives.⁹ Future evaluations and studies to be better designed and implemented and should pay more attention to process and long-term impact.

It is evident from the study reports that a standard approach to the evaluation of AFHC has not been adopted. The study recommends that future studies can adopt WHO Quality Assessment Guide book on AFHCs that could facilitate greater comparability across different studies and the results could be generalized to the entire population.¹⁰

This study suggest that most benefited strategy to improve utilization of AFHC is using a combination of approaches like health worker training and facility improvements as well as strategies for demand generation and community acceptance. A study conducted in LMIC country showed that above approach has improved the quality of health services to adolescents and their utilization.¹¹

As per the guidelines of NHM, the study examines the key performance indicators of the programme (ie) clinical services, counselling services and referral services among the adolescent registered in AFHCs and proportion of outreach services utilized by the adolescents. But the study cannot measure the priority indicator of adolescent health due to data constraints. As per the study of Ahmed et al a set of key indicators has devised to comprehensively assess the adolescent clinics in South Asian countries.¹² It includes 7 indicators which covers mainly on assessment of nutrition, mortality, reproductive health, non-communicable diseases, infectious diseases, health behaviours and risks, demography and mental health. Each categories has 3 to 5 sub-categories which evaluates the utilization and efficacy of the AFHCs. Incorporation of above indicators in the evaluation of AFHCs can assist with identifying areas where further and more detailed assessments of health status and programming are needed.

From review from international studies, further studies

should focus on essential domains of adolescent care like accessibility of health care, staff attitude, communication, medical competency, guideline-driven care, age-appropriate environments, youth involvement in health care, and health outcomes. More attention are needed on the strengths and weakness of different study and evaluation designs on AFHC.^{13,8}

CONCLUSION

The utilization of AFHC among adolescents can be improved by establishing specialized Adolescent friendly clinics across various platforms like schools, communities, health and wellness centres and tele health. Further the utilization can be improved by expanded AFHC establishment in all paediatric clinics at Government and private institutions. The barrier for utilization should be overcome by the 'friendly' components of AFHC in all specialty areas. Each specialty should have linkage and partnership with the AFHC and in the community. Specialty clinics like gynaecology, dermatology, pulmonology, endocrinology and nephrology could be conducted for adolescents on a weekly or biweekly basis to enable multidisciplinary care at the existing adolescent clinic in the hospital.

The adolescents have a misconception about AFHC that they may face lack of privacy, disrespectful and judgmental behaviour of health care staff. To overcome this hurdle, training for healthcare providers should include soft skills such as communicating with adolescents, maintaining their privacy and keeping their conversations in confidence and remaining non-judgmental during consultations

Making specified AFHC facilities available and providing privacy would be a short-term solution, which is also cost-effective and would improve utilisation AFHC services and higher satisfaction of the services. A long-term, yet effective solution would be community orientations to sensitise the importance of AFHC clinics and sensitization of adolescent towards sex education, addressing their sexual and reproduction needs and removal of the stigma.

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