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A Study Regarding Extent of Utilization of Services in Adolescent Friendly Health Services Clinics among Adolescents of Bareilly District, Uttar Pradesh

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Abstract: ***Introduction: Adolescents aged between 10-19 years constitute 18% of the world population, i. e., about 1.2 billion. About 88% of them live in developing world. India has the largest (243 million) number of adolescents comprising one-fourth of the country's population. Adolescent health and nutrition status has an intergenerational effect; hence it is one of the important stages of the life cycle in terms of health interventions. Aim & Objectives: Aim: To assess the extent of utilization of services in adolescent friendly health services (AFHS) clinics among adolescents in Bareilly district, Uttar Pradesh. Objective: To assess the extent of utilization of services among adolescents in adolescent friendly health services clinics. Material & Method: A cross sectional study was conducted in Bareilly district using multi stage sampling technique. Pre tested & pre validated schedule was used for data collection that has been compiled & analysed using Epi-Info software v7.2 Results: A total of 426 adolescents aged 10-19 years were interviewed in Bareilly district regarding the extent of utilization of services in AFHS clinics running in the district. Out of total, majority (56.1%) were outreach of Youth Information Center. Among those who were aware of services for majority (91.27%) source of information was ASHA. Majority (56.1%) were outreach of Youth Information Center. Among those who were aware of services for all source of information was ANM. Majority (56.1%) were outreach of Youth Information Center. Among those who were aware of services for majority (80.32%) source of information was Doctor. Majority (56.1%) were outreach of Youth Information Center. Among those who were aware of services for all source of information was Relatives. Conclusion: Emphasis must be laid to create awareness & utilization of services among adolescents & their wards regarding AFHS.***

Keywords: Awareness, Utilization, Youth Information Center, Adolescent, AFHS, Clinics

1. Introduction

The World Health Organization defines adolescents as young people aged 10-19 years. There are about 1.2 billion adolescents, a fifth of the world's population, and their numbers are increasing. Four out of five live in developing countries. Adolescence is a journey from the world of the child to the world of the adult. It is a time of physical and emotional change as the body matures and the mind becomes more questioning and independent. The second decade of life is a period of personal development almost as rapid as the first.

- Early adolescence (10-13) is characterised by a spurt of growth, and the beginnings of sexual maturation. Young people start to think abstractly.
- In mid-adolescence (14-16) the main physical changes are completed, while the individual develops a stronger sense of identity, and relates more strongly to his or her peer group, although families usually remain important thinking becomes more reflective.
- In later adolescence (17-19) the body fills out and takes its adult form, while the individual now has a distinct identity and more settled ideas and opinions.1

A national level study found that 11% males and 1% females consumed alcohol with more consumption pattern in the urban areas than rural areas10. In a study among 9th to 12th grade students it was reported that 31.3% regularly use one or more substance[2] 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[3]

2. Aim & Objectives

Aim: To assess the extent of utilization of services in adolescent friendly health services (AFHS) clinics among adolescents in Bareilly district, Uttar Pradesh.

Objective: To assess the extent of utilization of services among adolescents aged 10-19 years in adolescent friendly health services clinics of Bareilly district.

3. Material & Method

This was a cross sectional study conducted among adolescents of Bareilly district. Multistage Sampling Technique was used for selection of Tehsil, Blocks, Villages & Adolescents using 10% rule. Adolescent aged 10-19 years were interviewed using pre tested & pre validated schedule. Consent for adolescent below age of 18 years were taken from parents of the ward & 18 or 18 above gave self consent to participate in the study. Ethical approval for the study was taken from the ethics committee of the Rohilkhand Medical College & Hospital.

Inclusion Criteria:

- Adolescents aged 10-19 years.
- Resident of that area (> 6 months)
- Want to participate & ready to give consent.

Exclusion Criteria:

- Not a resident of that area (<6 months)
- Not ready to give consent
- Documented mental illness
- Debilitating illness

For data collection, entry & compilation data was entered in standardized manner format by the investigator. Personal name of adolescent was not used in data analysis. Data were entered in computer generated excel sheet. For statistical analysis Epi-Info software v7.2 was used. The information was randomly checked for completeness by the investigator & faculty of Community Medicine Department Rohilkhand Medical College & Hospital Bareilly before doing data entry.

Implication of the study: This study will provide an insight regarding Extent of utilization of services among adolescents with respect to the adolescent friendly health services running in the district. Emphasis must be laid to create awareness among people regarding AFHS. To strengthen the adolescent health services, the current situation demands a single comprehensive programme under one ministry which will cover outreach activities as well as clinic based services.

4. Results

Table 1: Distribution of study participants who were outreach of Youth Information Center & their source of information regarding AFHS in relation to extent of utilization of services

Response about awareness		Outreach of Youth Information Center		Total (%)	
Utilization of Adolescent Friendly Health Clinic	Yes	Yes (%)	No (%)		$X^2 = 24.02$ Df = 1 (P<0.05)
		169 (41.42%)	18 (100%)	187 (43.9%)	
	No	239 (58.57%)	0	239 (56.1%)	
Total		408 (100)	18 (100)	426 (100)	

Table 2: Distribution of study participants whose source of information regarding AFHS was ASHA in relation to extent of utilization of services

Response about awareness		Accredited Social Health Activist (ASHA)		Total (%)	
Utilization of Adolescent Friendly Health Clinic	Yes	Yes (%)	No (%)		
		115 (91.27%)	72 (24%)	187 (43.9%)	X^2=163.04 Df = 1 (P<0.05)
	No	11 (08.73%)	228 (76%)	239 (56.1%)	
Total		126 (100)	300 (100)	426 (100)	

Table 3: Distribution of study participants whose source of information regarding AFHS was ANM in relation to extent of utilization of services

Response about awareness		Auxillary Nurse Midwives (ANM)		Total (%)	
Utilization of Adolescent Friendly Health Clinic	Yes	Yes (%)	No (%)		X^2=33.94 Df = 1 (P<0.05)
		25 (100%)	162 (40.4%)	187 (43.9%)	
	No	0	239 (59.6%)	239 (56.1%)	
Total		25 (100)	401 (100)	426 (100)	

Table 4: Distribution of study participants whose source of information regarding AFHS was Doctor in relation to extent of utilization of services

Response about awareness		Doctor		Total (%)	
Utilization of Adolescent Friendly Health Clinic	Yes	Yes (%)	No (%)		X^2=92.13 Df = 1 (P<0.05)
		98 (80.32%)	89 (29.28%)	187 (43.9%)	
	No	24 (19.68%)	215 (70.72%)	239 (56.1%)	
Total		122 (100)	304 (100)	426 (100)	

Table 5: Distribution of study participants whose source of information regarding AFHS was Relatives in relation to extent of utilization of services

Response about awareness		Relatives		Total (%)	
Utilization of Adolescent Friendly Health Clinic	Yes	Yes (%)	No (%)		X^2=10.43 Df = 2 (P<0.05)
		8 (100%)	179 (42.82%)	187 (43.9%)	
	No	0	239 (57.18%)	239 (56.1%)	
Total		8 (100)	418 (100)	426 (100)	

The present study is a cross sectional study is conducted in Bareilly district using multi stage sampling technique. Total of 426 adolescents aged 10-19 years from Bareilly district were interviewed on awareness & extent of utilization of services in Adolescent Friendly Health Services clinics running in district.

Table 1 shows Distribution of study participants who were outreach of Youth Information Center & their source of information regarding AFHS in relation to extent of utilization of services. Out of total, majority (56.1%) were outreach of Youth Information Center (YIC). Among those who were aware of services majority (58.57%) were outreach of YIC. However, the difference was found to be statistically significant at 95% significance level (P<0.05).

Table 2 Distribution of study participants whose source of information regarding AFHS was ASHA in relation to extent of utilization of services. Out of total, majority (56.1%) were outreach of Youth Information Center. Among those who were aware of services for majority (91.27%) source of information was ASHA. However, the difference was found to be statistically significant at 95% significance level (P<0.05).

Table 3 Distribution of study participants whose source of information regarding AFHS was ANM in relation to extent of utilization of services. Out of total, majority (56.1%) were outreach of Youth Information Center. Among those who were aware of services for all source of information was ANM. However, the difference was found to be statistically significant at 95% significance level (P<0.05).

Table 4 Distribution of study participants whose source of information regarding AFHS was Doctor in relation to extent of utilization of services. Out of total, majority (56.1%) were outreach of Youth Information Center. Among those who were aware of services for majority (80.32%) source of information was Doctor. However, the difference was found to be statistically significant at 95% significance level (P<0.05).

Table 5 Distribution of study participants whose source of information regarding AFHS was Relatives in relation to extent of utilization of services. Out of total, majority (56.1%) were outreach of Youth Information Center. Among those who were aware of services for all source of information was Relatives. However, the difference was found to be statistically significant at 95% significance level (P<0.05).

5. Discussion

Despite international consensus regarding adolescents right to reproductive health services and information, adolescents face many issues in accessing services. Numerous number of organizations have sought to provide adolescent friendly services to improve access to health care. The National Adolescent health strategy was started in 2014 by the Ministry of Health & Family Welfare under the name of Rashtriya Kishor Swasthya Karyakram (RKSK), for children in the age group of 10-19 years, which would aim on their nutrition, reproductive health and substance abuse, among other issues. This strategy realigns the existing clinic-based curative approach to focus on a more holistic model based on a continuum of care for adolescent health and developmental needs.4 Various adolescent health programs running in country are namely, Kishori Shakti Yojna, Balika Samridhhi Yojna, Reproductive & Child Health-II, YUVA-Youth Unite for Victory on AIDS, NACP-II, Red Ribbon Club (RRC), Family Life Education**.**

- **The RCH-II** has a strategy to provide services for adoloscent health at public health facilities & at primary health care level during routine hours and on dedicated days & times[5]
- **Kishori Shakti Yojna**: Key component of ICDS scheme which aims at empowerment of adolescent girls. Adolescent girls who are unmarried and belong to families below the poverty line and school drop-outs are attached to the local Anganwadi Centres for six-monthly of learning and training activities[6]
- **Balika Samridhhi Yojna**: Launched by GOI in 1997. Covers both urban & rural areas.

Objectives

- To change negative family and community attitudes towards the girl child at birth and towards her mother.
- To improve enrollment and retention of girl children in schools, to increase the age of marriage of girls and to assist the girl to undertake income generation activities.7

NACP-II:

- Under NACO Adolescent Education Programme developed which focuses primarily on prevention through awareness building
- The Adolescent Education Programme is one of the key policy initiatives of NACP II.
- Relevant messages on safe sex, sexuality and relationships are developed and disseminated for youth via posters, booklets, panels and printed material.8

Adolescent Friendly Health Services:

- The National Institute of Research in Reproductive Health started AHFS Jagruti" in Mumbai for providing specialized sexual & reproductive services for adolescent boys & girls
- MAMTA an NGO started AFHS in some villages. It consists of community based Youth Information Centre (YIC's) supported by peer educators, health facilility

based youth clinics at primary health centers & youth friendly centers at first referral unit

- In four districts of Madhya Pradesh a pilot project of AFHS launched as name "Jigyasa" by The Family Planning Association of India (FPAI)
- The RCH-II has a strategy to provide services for adoloscent health at public health facilities & at primary health care level during routine hours and on dedicated days & times
- Haryana is the first state in the country to launch a distinct Adolescent Reproductive & Sexual Health (ARSH) program providing AFHS at government health facilities.9

6. Conclusion

Despite of various efforts by the government of India to provide adolescent friendly health services to the adolescents of the nation these facilities are not able to reach to the ground level where there is utter most need. The higher authorities should see to manage these services till root level by a managed hierarchy of health care system at different levels. Maximum population is not aware regarding these services running in state or district. Awareness must be created for such services. Information, Education, Communication (IEC) can be one of the guarding tool. The present study conducted reveals much adolescents are not aware regarding these services running in district. Emphasis must be laid to create awareness among people regarding AFHS. To strengthen the adolescent health services, the current situation demands a single comprehensive programme under one ministry which will cover outreach activities as well as clinic based services.

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