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Original Research Article

Health Care Providers' Perspectives Regarding Adolescent Friendly Health Services (AFHS)

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ABSTRACT

Context: Adolescents represent a positive force in society facing dangers of complex nature poses several health challenges. Health services need to be restructured based on their current needs. Opinions of health care providers may be useful for evaluation of existing Adolescent Friendly Health Clinics (AFHC).
Aim: Evaluation of Adolescent Friendly Health Services (AFHS) in view of opinions of health care providers and to suggest the improvements.
Methods: Evaluation study was conducted at two health facilities. Existing patterns of Adolescent Friendly Health Services (AFHS) were evaluated based on opinions of health care providers in selected health facilities. Interviews of doctors from selected health facilities were conducted regarding patterns and practices of services offered and problems in delivering services. Evaluation of AFHC was done based on its desired characteristics of availability, accessibility, and acceptability.
Results: On the basis of opinions explored from only 11 adolescent health care experts/doctors dealing with adolescents 72.7% respondents were of the opinion that schools are the key places for adolescents' health services and these services should then be extended out of schools. A Spectrum of health problems were reported of targeted adolescent population. Average waiting expected time of about 30 minutes was acceptable to adolescent clients according to 64% respondents. About 64.0% respondents were of the opinion that they respect opinions of their clients. About 91.0% respondents were of the opinion that parental consent was required before assessing adolescent services. Breaking of confidentiality was acceptable by few respondents and confidentiality was main concern according to 72.7% respondents. Convenient AFHC timings and maintaining confidentiality were the main concerns. Competency in Adolescent Development and Growth (ADG), Adolescent Reproductive and Sexual Health (ARSH), communication, record keeping, clinical guidelines and standards were found to 81.8%, 81.8%, 72.7%, 72.7% and 81.8% respectively.
Conclusions: Existing adolescent health services are not accepted well by adolescents such as lack of confidentiality, lack of reading material, less comfortable waiting area, expensive services, inconvenient timings of offered services, non availability of feedback system and non availability of reading material in their health facility etc. Incentives and encouragements from management, opportunities of availing continuing/updating medical education and their professional skills in some adolescent issues were also desired. Proper training of health care providers on provision is desirable. A holistic approach making

Adolescent Friendly Health Services (AFHS), an integral part of the health system incorporating suggestions of health care providers is essential for addressing adolescent health issues successfully.

Keywords: Adolescent Friendly Health Services (AFHS); Reproductive and Sexual Health (RSH); Adolescent Development and Growth (ADG); Holistic Approach for Adolescent Friendly Health Services.

INTRODUCTION

Adolescents represent a positive force in society facing dangers of complex nature poses several health challenges. These challenges may be due to longer period of non-marital sexual activity, related to earlier menarche, later marriage, and greater economic opportunities for women, increased urbanization, and liberalizing attitudes influenced considerably by modern mass communications. Significant social changes, which affect all societies to some degree, have prompted program planners and managers to consider specialized services for people in the adolescent or young adult age group. Existing health facilities are not acceptable to adolescents due to lack of confidentiality, expensive and unfriendly services, poorly trained staff, physical or logistical restrictions, gender barriers, peer pressure etc.

Health services need to be restructured based on their current needs. Adolescents need to have scientific knowledge about reproduction and family planning methods for their planned parenthood. Especially the adolescents from the rural part of the developing countries are disadvantageous due to unavailability and/or inadequacy of reproductive health care services and trainings. [1-3] Almost half of the subject had no knowledge on sexuality and almost another half did not want to share their knowledge on sexuality [4]. Therefore, it was imperative to provide optimal sexual and reproductive health education.

Year Plan in India recognizes adolescents as a distinct group for policy and programme attention. The issue of reproductive and sexual health (RSH) of adolescents has emerged as an issue of great concern. Although policies and programmes in India have underscored the right of adolescents and youth to sexual and reproductive health counseling and services, service delivery has not been youth-friendly or responsive to their unique needs as observed in a report. [5] National Health Policy (1983), National Population Policy (2000), National Youth Policy (2003) and the Reproductive and Child Health (RCH) Programmes (I and II) 1997; 2005 recognized well the importance of RSH needs of adolescents and also recognized adolescents as vulnerable group that need to be served especially by providing reproductive health information and services. Sexual and reproductive health counseling and services are provided overwhelmingly through the RCH Programme; The RCH Programme II represents a major departure from earlier programmes in that it is more inclusive, addressing the needs of different groups of young people. This strategy focuses on reorganizing the existing public health system in order to meet the service needs of adolescents. Even though programs and policies directed towards improvement of adolescent reproductive health exist, there is a paucity of Adolescent Friendly Health Services (AFHS).

The significant features of an Adolescent Friendly Health Center/Clinic (AFHC) encompass provision of reproductive health services, nutritional counseling, sex education and life skills

education. [6] It is a kind of 'one-stop' shopping approach which means that the different needs of adolescents can be met under one roof, by a team of professionals who understand their needs and are trained to address them effectively. The physical setting of the Adolescent Friendly Health Clinic (AFHC) ensures access to referrals and counseling by medical professionals from other departments: gynecology, psychiatry etc.

Adolescent Friendly Health Services was first undertaken by the Safdarjung Hospital in New Delhi, India that is providing a wide range of services such as clinical, mental health services, nutritional and reproductive health counseling, growth and monitoring development and immunization. [7] Similar clinics were established in other tertiary care hospitals in urban areas in other parts of the country. The need of AFHS and some improvements in the quality of AFHS have been suggested by Nath and Garg (2008). [8] A performance evaluation of an Adolescent Friendly Health Centre (AFHC) in urban Mumbai has shown that parental involvement contributed to help seeking behavior. [9] The National Institute of Research in Reproductive Health (NIRRH), Mumbai in collaboration with the Municipal Corporation of Mumbai started Adolescent Friendly Health Clinics, under the name "*Jagruti"*, for providing specialized reproductive and sexual health services to adolescent boys and girls. There is lack of literature on evaluation of AFHC in Indian set-up. An earlier study by Yadav et al (2009) [10] presents detailed evaluation of four selected AFHCs located in different parts of India.

With this background, present study was undertaken with an objective of evaluating Adolescent Friendly Health Services (AFHS) in view of opinions of health care providers particularly doctors.

MATERIALS AND METHODS

This study was undertaken during November 2012 to February, 2013.at two health facilities: Kamla Nehru Memorial Hospital Allahabad, and Sarojini Naidu Children Hospital Allahabad, attached with M.L.N. Medical College Allahabad, Uttar Pradesh, India. Existing patterns of Adolescent Friendly Health Services (AFHS) were evaluated based on interviews of health care providers (doctors only) in selected health facilities regarding patterns and practices of services offered and problems in delivering services. Evaluation of AFHC was done based on its desired characteristics of availability, accessibility, and acceptability. Prior permissions from concerned authorities were taken for conducting the study. Consents of respondents to take part in the study were also taken. Only those respondents who were willing to take part in the study were included. Exist interviews were taken and confidentiality of their responses was ensured. Because of some time, financial and other constraints, study could not be extended further in terms of inclusion of more AFHC's in other cities.

RESULTS

A total of only 11 adolescent health care experts/doctors dealing with adolescents were interviewed to seek their opinions regarding adolescent health services and establishing AFHC facilities (Table-1). According to 72.7% respondents, schools are the key places for targeting adolescent's health services and these services should then be extended out of schools. Comparatively less number of respondents favored of confining these services only to some targeted groups like disabled, homeless and drug users etc. A Spectrum of health problems were reported of targeted adolescent population mainly

general health problems, mental health problems and nutrition related problems. According to 54.5% respondents, there was no separate provision for male adolescents and no action was taken in this regard in their health facility. Average waiting time of about 30 minutes was reported by 44.4% respondents in their health facility. It was acceptable to their adolescent clients according to 64% of respondents. Comfortable waiting area was graded as good by 45.4% health care providers. According to 18.1% respondents, there was no reading material in their health facility. In absence of separate AFHC facility adolescent were being provided health care in routine OPD and according to 72.7% health care providers they always introduce their self to adolescent clients and they call adolescent by name as reported by 63.6% client. According to 27.2% respondents their health workers encourage adolescent clients to express their thoughts and concerns and adolescents are always allowed to ask questions by giving them time. Moderate communication with adolescent clients by their health workers in their facility was reported by 54.1% respondents. Other facilities like investigations treatment and follow up arrangements were mainly need based. About 64.0% respondents of the opinion that they respect opinions of their clients and discuss even in case of disagreements. Confidentiality in suggestions of adolescents was maintained only according to 9.0% respondents. About 91.0% respondents were of the opinion that parental consent was required before assessing adolescent services. Breaking of confidentiality was acceptable by few respondents and confidentiality was main concern according to 72.7% respondents. According to 72.7% respondents no complaints regarding confidentiality was received. Suggestions regarding improvement of confidentiality and privacy included orientation of staff and separate room for consultation giving enough time to clients. In most of the cases, clients were explained regarding the services to be offered and referral etc. In the studied health facility 63.6% respondents told that adolescents are referred from other health facilities also to their health facility.

About 45.0% respondents were not sure whether clients were comfortable with services being offered on their heath facility or not. Involvements of adolescent groups in promotion of awareness of services and publicity were the main suggestion. Convenient AFHC timings and maintaining confidentiality were the main concerns. Competency in Adolescent Development and Growth (ADG), Adolescent Reproductive and Sexual Health (ARSH), communication, record keeping, clinical guidelines and standards were found to 81.8%, 81.8%, 72.7%, 72.7% and 81.8% respectively. An adequate knowledge was reported regarding all issues related with adolescents like ARSH, Mental Health, and Substance Abuse etc. Important areas where additional training was felt to be needed were communication, counseling and ARSH. There was perceived lack of motivation and appreciation by the management as reported by respondents. Health facilities were reportedly having adequate supply of inputs without interruption as reported by large proportion of respondents. Awareness regarding information management and policies and procedures were not up to the desired level however, information on adolescent health outcomes was found to be 72.7%.

Table-1: Opinions of Health Care Providers (Doctors Only) regarding AFHC

Information regarding	No	Percent
Key of adolescent target group		
In school	8	72.7
Out of School	8	72.7
Disable	2	18.1
Homeless	3	27.2
Drug users	4	36.3
Other	3	45.4
Health and development problems targeted		
General health	8	72.7
Reproductive	6	54.5
STI	4	36.3
Mental health	7	63.6
Communication skills	5	45.4
Substance abuse	3	27.2
Oral Health	4	36.3
Nutrition/obesity	7	63.6
Other	3	27.2
Needed Adolescent group that is not getting services		
In school	1	9.0
Out of school	4	36.3
Disabled	3	27.2
Homeless	7	63.6
Drug users	1	9.0
No specific program for adolescent	2	18.1
Provision to welcome male adolescents		
Nothing	6	54.5
Male adolescent are served without having to wait in queue	1	9.0
Counseling of addiction	1	9.0
Others	3	27.2
Average waiting time for adolescent client		
<30 min	8	72.7
30-60 min	1	9.0
60 min	1	9.0
Can't say	3	27.2
Average waiting time for adolescent client in weekends		
<30 min	5	45.4
30-60 min	2	18.1
60 min	0	
Can't say	2	18.1
Facility is not open on weekends		
Acceptable waiting time for adolescent		
Yes	7	63.6
No		
Can't say	4	36.3
Waiting Area comfortable		
Very Good	2	18.1
Good	5	45.4
Moderate	4	36.3
Bad		
Very Bad		
There is no waiting area		
Material are of Interest for adolescents		
Yes	5	45.4
No	2	18.1
Can't say	1	9.0
no material to read	2	18.1
Self Introduction to adolescent client		
Always	8	72.7
Sometimes	2	18.1
Rarely		
An Adolescent called by name		
Always	7	63.6

Table 1: Continued…..		
Sometimes	3	27.2
Rarely		
Encouragement by health workers to adolescent to express their thoughts and concerns		
Always	3	27.2
Sometimes	6	54.5
Rarely		
Time provided to client to ask questions by health Worker		
Always	6	54.5
Sometimes	3	27.2
Rarely	1	9.0
Overall, how well health worker communicate with adolescent clients		
Very Good	1	9.0
Good	3	27.2
Moderate	6	54.5
Bad		
Very Bad		
Provide Information to adolescent		
How the facility works		
Routinely	5	45.4
When asked	5	45.4
Rarely	1	9.0
Working hours		
Routinely	4	36.3
When asked	4	36.3
Rarely	2	18.1
Tests carried out		
Routinely	3	27.2
When asked	6	54.5
Rarely	1	9.0
Treatment		
Routinely	4	36.3
When asked	5	45.4
Rarely	1	9.0
Follow-up arrangements		
Routinely	5	45.4
When asked	3	27.2
Rarely	1	9.0
Respect of adolescents opinion and decisions		
Yes	7	63.6
No	1	9.0
Sometimes	3	27.2
Provide opportunity to participate in service quality improvement		
No	6	54.5
Yes	5	45.4
Awareness about any formal adolescent groups that giving idea on the improvement of health services		
No	10	90.9
Yes		
Any suggestion made by client		
Maintain confidentiality	1	9.0
To see patient in separate room	1	9.0
Effectiveness of adolescents suggestions and participation		
Extremely useful	7	63.6
Somewhat useful	4	36.3
Not relevant		
Parental consent required before accessing		
No	1	9.0
Always	10	90.9
In specific cases	1	9.0
Health worker in you facility respect client's wishes about		
No	0	
Yes	7	63.6

Table 1: Continued…..		
Depend up on the situation	6	54.5
Acceptable or required by law to violet the client's confidentiality		
Client not in conscious state	2	18.1
Client is minor	1	9.0
Explain adolescent that the services are confidential?		
Always	8	72.7
Only when necessary	2	18.1
Rarely	1	9.0
Other staff does this job		
Overhearing clients by health workers		
No	10	90.9
Yes	2	18.1
Measures to ensure counseling and examinations are not interrupted		
Nothing	0	
Lock Counseling/examination	7	63.6
Ask receptionist / nurse to let anybody in room while counseling/examining an adolescent client	6	54.5
Other	1	9.0
Received any complaint confidentially not maintained		
Yes	0	
No	8	72.7
Colleagues of other departments & Management suggests to improve the existing confidentiality and privacy		
Rarely	1	9.0
Separate wing/ dept. for adolescent clinic	1	9.0
What can be done to improve client confidentiality and privacy		
Orientation of staff on confidentiality	1	9.0
Separate room for consultation	2	18.1
Enough time for client	1	9.0
More Staff		
Explained to adolescent before treatment, what is going to happen		
Always	8	72.7
When needed	2	18.1
Explaining to adolescent client (what it does, when to take, any side-effects, any warning signs)		
Always	8	72.7
When needed	2	18.1
Follow-up visits schedule taking in to account adolescent client schedule		
Always	7	63.6
Sometimes	2	18.1
Rarely		
Ensure adolescent client receive the services for which they had been referred		
Nothing	3	27.2
Explain		
Escort to referred services	3	27.2
Given return instruction	8	72.7
Others		
Referral of clients from other HF		
Yes	7	63.6
Rarely	2	18.1
Not at all	1	9.0
Male and female both are comfortable with services		
Not sure	5	45.4
Yes	5	45.4
No		
More can be done to make aware of the facility and the service it provides		
Advertisement	3	27.2
Use existing formal adolescent groups such as adolescent Boards for awareness raising	5	45.4
Publicize the services to parents	8	72.7
Publicize the services to school and other organization	10	90.9

Table 1: Continued…..		
Other	2	18.1
Obstacles should be removed		
There are no obstacles	2	18.1
Services fee	3	27.2
Inconvenience for adolescents working hours	6	54.5
Lack of confidentiality	6	54.5
Judgmental staff attitude	5	45.4
Long waiting time	5	45.4
other		
Competency in	9	81.8
ADG		
ARH	9	81.8
Communication with adolescents	8	72.7
Record Keeping	8	72.7
Clinical guidelines and standards	9	81.8
ARH		
Yes	9	81.8
No	0	
To some extent	1	9.0
Mental Health		
Yes	6	54.5
No	4	36.3
To some extent	1	9.0
Substance abuse		
Yes	6	54.5
No	4	36.3
To some extent	0	
Other health issues (common conditions, oral health, nutrition, etc.)		
Yes	7	63.6
No	6	54.5
To some extent	1	9.0
Areas in which you want additional training		
Communication with adolescents	7	63.6
Counseling	6	54.5
ARH	6	54.5
Mental Health	5	45.4
Substance abuse	4	36.3
Other health issues (common conditions, oral health, nutrition, etc)	3	27.2
Record keeping	5	45.4
Other		
Management motivates you by appreciating your work		
Always	5	45.4
Sometimes	4	36.3
Rarely	1	9.0
Do you have all the supplies you need		
Disposable gloves	10	90.9
Disposable syringes/needles	9	81.8
Condoms	7	63.6
Oral pills	7	63.6
Emergency Contraceptives	7	63.6
Antidepressants	6	54.5
Antibiotics	11	100
IFA	8	72.7
TT	8	72.7
Supplies most frequently missing		
Disposable gloves	1	9.0
Disposable syringes/needles	0	
IFA	6	54.5
TT	2	18.1
Have shortage or stock-outs of supplies disrupted the provision of any of the services offered at the facility		
No	8	72.7
Yes	2	18.1

Table 1: Continued…..		
Have unavailability of equipment or nonfunctioning disrupted the provision of any of the services offered at the facility		
No	8	72.7
Yes	0	
What could be done to improve the availability of needed supplies		
Better communication & interaction	2	18.1
IFA records from CMD store- to be made more regular	1	9.0
More Manpower	1	9.0
NGO can provide funds for adolescent care	1	9.0
Information Management / Policies and Procedure		
Awareness of written standard policies for adolescents or operating procedures your facility has for		
Consent for medical treatment	5	45.4
Always	2	18.1
Sometimes	1	9.0
Rarely	0	
Confidentiality	5	45.4
Always	3	27.2
Sometimes	1	9.0
Rarely	0	
Client rights	4	36.3
Always	2	18.1
Sometimes	2	18.1
Rarely		
Record keeping	5	45.4
Always	3	27.2
Sometimes	1	9.0
Rarely		
Clinical Guidelines on	3	27.2
Always	1	9.0
Sometimes	1	9.0
Rarely	0	
STI	5	45.4
Always	1	9.0
Sometimes	3	27.2
Rarely	0	
Contraception	5	45.4
Always	3	27.2
Sometimes	1	9.0
Rarely	0	
Emergency care	5	45.4
Always	3	27.2
Sometimes	1	9.0
Rarely	0	
Common conditions	5	45.4
Always	2	18.1
Sometimes	2	18.2
Rarely	0	
System in place for information management		
Information on services utilization (e.g. number of adolescent client, number of follow-up contacts, number of referrals)		
Is there a system in place		
Yes	2	18.1
No	6	54.5
If yes, do use it in your work		
Yes	1	9.0
No	1	9.0
Information on adolescent health outcomes (e.g. adolescent mortality rate)		
Is there a system in place		
Yes	0	
No	8	72.7
If yes, do use it in your work		
Yes	0	
No	1	9.0

DISCUSSION

A number of valuable suggestions from doctors dealing with adolescents regarding improvement in AFHS are emerged from this study. This study may be of great importance for improving existing AFHS and for the purpose of remodeling AFHS in spite of the fact that it was a localized study confining only to a few health care providers due to time (only of 3 months duration) and cost constraints. There was paucity of available AFHC and limitations in terms of time and resources. It was an agreed fact that schools may be the key place to impart and initiate AFHS in collaboration with teachers and these services should be extended out of schools subsequently. AFHS can't be confined only to selected target groups because of spectrum of health problems targeted adolescent population mainly general health problems mental health problems and nutrition related problems. Respondents were honest in accepting the fact that they provide services to their adolescent clients in their routine OPD because of no special AFHC facility available and average waiting being about 30 minutes which was acceptable by about 64% of their adolescent clients. Respondents were not satisfied to a desired extent as regards to comfortable waiting area and availability of reading material in their health facility. They tried their best to build repo with adolescent clients as reflected by introducing themselves and calling adolescents by name and honoring their opinions as a routine practice. AFHC were lacking in terms of communication material and confidentiality which were desired for an AFHC. Majority of respondents were of the opinion that parental consent was required before assessing adolescent services. Breaking of confidentiality was acceptable by few respondents and confidentiality was of main concern. According to 72.7% respondents no complaints regarding confidentiality was received. Suggestions regarding improvement of confidentiality and privacy included orientation of staff and separate room for consultation giving enough time to clients. Feedback system from their clients was also lacking according to them. Participation of adolescents may be useful for promotion of awareness of services and publicity. Convenient AFHC timings and maintaining confidentiality were the main concerns. They reported competent in terms of Adolescent Reproductive and Sexual Health (ARSH), substance abuse etc. However, Need was also felt to impart education and update their knowledge regarding competency in Adolescent Development and Growth (ADG), Communication, Record Keeping, Clinical Guidelines and Standards Counseling, Information Management and Policies And Procedures. There was perceived lack of motivation and appreciation by the management.

CONCLUSIONS

Present study highlights several reasons were why the existing adolescent health services are not accepted well by adolescents such as lack of confidentiality, lack of reading material, less comfortable waiting area, expensive services, inconvenient timings of offered services, non availability of feedback system and non availability of reading material in their health facility etc. However, long waiting time was acceptable to their clients. Friendliness services, better repo with their clients were the reported merits in services offered by them. Incentives and encouragements from management, opportunities of availing continuing/ updating medical education and their professional skills in some adolescent issues

were also desired. Proper training of health care providers on provision is desirable. A holistic approach making Adolescent Friendly Health Services (AFHS), an integral part of the health system incorporating suggestions of health care providers is essential for addressing adolescent health issues successfully.

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