

A Study on Awareness regarding Treatment offered in Adolescent-friendly Health Services in the Rural Area of Bareilly District

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ABSTRACT

Introduction: Adolescents aged between 10 and 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. Injuries and communicable diseases are prevalent among adolescents in 10 to 14 years age group; outcome of sexual behaviors and mental health problems become significant among adolescents in the 15 to 19 years age group.

Aims and Objectives: To assess the awareness of adolescent-friendly health services (AFHS) among adolescents in the rural areas of Bareilly district, Uttar Pradesh.

Materials and methods: A cross-sectional study was conducted in the rural areas of Bareilly district using multistage sampling technique. Pretested and prevalidated schedule was used for data collection and the data were compiled and analyzed using Epi-Info software version 7.2.

Results: A total of 102 adolescents aged 10 to 19 years from rural areas of Bareilly district were interviewed on awareness regarding treatment offered in AFHS in districts. Out of the total, 60.8% were not aware regarding AFHS, 63.7% were not aware regarding the places of AFHS clinics; 45.1% were not aware regarding the treatment of menstrual problems. None were aware regarding treatment of sexually transmitted disease. Of the total, 98% were not aware about pregnancy care and prevention; 55.9% were not aware regarding the services available at different levels; 54.9% were not aware regarding the official person designated in AFHS. No significant statistical association was found between the gender of people and awareness about the places of AFHS clinics. Significant statistical association was found between the marital status of people and awareness about the places of AFHS clinics.

Conclusion: Emphasis must be laid to create awareness among people regarding AFHS. To strengthen the adolescent health services, the current situation demands a single

comprehensive program under one ministry which will cover outreach activities as well as clinic-based services.

Keywords: Adolescent, Adolescent-friendly health services, Awareness, Clinics.

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INTRODUCTION

The World Health Organization (WHO) defines adolescents as young people aged 10 to 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 years) is characterized by a spurt of growth and the beginnings of sexual maturation. Young people start to think abstractly.
- In mid-adolescence (14–16 years), 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 years), 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 areas. 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 encompass provision of reproductive health services, nutritional counseling, sex education, immunization, and life skills education.³

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AIMS AND OBJECTIVES

Aim

To assess the awareness of AFHS among adolescents in the rural areas of Bareilly district, Uttar Pradesh, India.

Objective

To assess awareness about AFHS among adolescents.

MATERIALS AND METHODS

This was a cross-sectional study. Four villages—Bhagwanpur Dhimri, Chandpur Bichpuri, Chahar Nagla, and Goonga—were randomly selected for assessment. These villages are about 10 to 20 km away from medical college. Adolescents aged 10 to 19 years were interviewed using pretested and prevalidated schedule for 2 months (June–July 2017). Consent for adolescents below age 18 years was taken from parents of the ward and adolescents aged 18 years and above gave self-consent to participate in the study. Ethical approval for the study was taken from the ethics committee of the college.

Inclusion Criteria

- Adolescents aged 10 to 19 years
- Resident of that area (>6 months)
- Want to participate and 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 and compilation data were entered in standardized 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 version 7.2 was used. The information was randomly checked for completeness by the investigator and faculty of Community Medicine Department, Rohilkhand Medical College & Hospital, Bareilly, before doing data entry.

Implication of the Study

Despite a small sample size due to time and logical constraints, this study provides an insight regarding awareness of adolescents with respect to the AFHS 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 program under one ministry which will cover outreach activities as well as clinic-based services.

RESULTS

Since the value of χ^2 is 1.54 which is more than 0.05, there is no significant statistical association between the gender of people and awareness about the places of AFHS clinics.

Since the value of χ^2 is 0.024 which is less than 0.05, there is significant statistical association between the marital status of people and awareness about the places of AFHS clinics.

The present study is a cross-sectional one that was conducted in rural areas of Bareilly district using multi-stage sampling technique. A total of 102 adolescents aged 10 to 19 years from rural areas of Bareilly district were interviewed on awareness regarding treatment offered in AFHS running in district; 60.8% of the total adolescents interviewed were not aware regarding AFHS (Table 1); 63.7% were not aware regarding the places of AFHS clinics (Table 2); 45.1% were not aware regarding the treatment of menstrual problems (Table 3). None were aware regarding treatment of sexually transmitted disease (Table 4); 98% were not aware about pregnancy care and prevention (Table 5); 55.9% were not aware regarding the services available at different levels (Table 6); 54.9% were not aware regarding the official person designated in AFHS (Table 7).

Table 1: Awareness about AFHS clinics

Yes	40 (39.2%)
No	62 (60.8%)
Total	102 (100%)

Table 2: Awareness about place of AFHS clinics

Yes	37 (36.3%)
No	65 (63.7%)
Total	102 (100%)

Table 3: Awareness about treatment of menstrual problems

Yes	9 (8.8%)
No	46 (45.1%)
Not applicable	47 (46.1%)
Total	102 (100%)

Table 4: Awareness about treatment of sexually transmitted disease

No	102 (100%)
Total	102

Table 5: Awareness about pregnancy care and prevention

Yes	2 (2%)
No	100 (98%)
Total	102 (100%)

Table 6: Awareness of availability of services at different levels

Subcenter	1 (1%)
PHC	14 (13.7%)
CHC	17 (16.7%)
DH	13 (12.7%)
Not known	57 (55.9%)
Total	102 (100%)

Table 8: Association of gender with awareness about places of AFHS clinics

	Male	Female	Total	Significance
Yes	18 (48.6%)	19 (51.4%)	37 (100%)	$\chi^2 = 1.54 (>0.05)$
No	29 (44.6%)	36 (55.4%)	65 (100%)	
Total	47 (46.1%)	55 (53.9%)	102 (100%)	

There was no significant statistical association found between the gender of people and awareness about the places of AFHS clinics (Table 8). Significant statistical association was found between the marital status of people and awareness about the places of AFHS clinics (Table 9).

DISCUSSION

Despite international consensus regarding adolescents' right to reproductive health services and information, adolescents face many issues in accessing services. Numerous 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 to 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 the country are, namely Kishori Shakti Yojna, Balika Samridhhi Yojna, Reproductive and Child Health-II (RCH-II), Youth Unite for Victory on AIDS (YUVA), National Aids Control Programme (NACP)-II, Red Ribbon Club (RRC), and Family Life Education.

The RCH-II has a strategy to provide services for adolescent health at public health facilities and at primary health care level during routine hours and on dedicated days and times.⁵

Kishori Shakti Yojna: It is a key component of Integrated Child Development Services (ICDS) scheme which aims at empowerment of adolescent girls. Adolescent girls who are unmarried and belong to families below the poverty line, and school dropouts are

Table 7: Official person designated

Medical officer	45 (44.1%)
Chief medical officer	1 (1%)
Not known	56 (54.9%)
Total	102 (100%)

Table 9: Association between marital status and awareness about places of AFHS clinics

	Unmarried	Married	Total	Significance
Yes	35 (94.59%)	2 (5.41%)	37 (100%)	$\chi^2 = 0.024 (<0.05)$
No	61 (93.85%)	4 (6.15%)	65 (100%)	
Total	96 (94.12%)	6 (5.88%)	102 (100%)	

attached to the local anganwadi centers for 6 months of learning and training activities.⁶

Balika Samridhhi Yojna: Launched by Government of India in 1997, it covers both urban and rural areas.

Objective

- To change negative family and community attitudes toward the girl child at birth and toward 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

National Aids Control Programme 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 and reproductive services for adolescent boys and girls.
- The AFHS was first started in India by Safdarjang Hospital, New Delhi.
- MAMTA, a nongovernmental organization (NGO), started AFHS in some villages. It consists of community-based Youth Information Centre supported by peer educators, health facility-based youth clinics at primary health centers and youth-friendly centers at first referral unit.
- In four districts of Madhya Pradesh, a pilot project of AFHS was launched in the name "Jigyasa" by the Family Planning Association of India (FPAI).

- The RCH-II has a strategy to provide services for adolescent health at public health facilities and at primary health care level during routine hours and on dedicated days and times.
- Haryana is the first state in the country to launch a distinct Adolescent Reproductive and Sexual Health program, providing AFHS at government health facilities.⁹

CONCLUSION

Despite various efforts by the Government of India to provide AFHS to the adolescents of the nation, these facilities are not able to reach the ground level where there is most need. The higher authorities should manage these services till the 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, and communication can be one of the guarding tools. The present study conducted reveals that 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 program under one ministry which will cover outreach activities as well as clinic-based services.

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