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ADOLESCENT HEALTH – UNIQUE CARE FOR UNIQUE GROUP

Dr. Anurag Srivastava

Associate Professor, Department of Community Medicine, Shri Ram Murti Smarak Institute of Medical Sciences, Bareilly (U.P.) e- mail: dranurag77@yahoo.com

The World Health Organization defines adolescents as young persons aged 10-19 years. There are about 1.2 billion adolescents, constitute about a fifth of the total world's population, and in recent years their numbers are in progression. Four out of five adolescents live in developing countries. The *Lancet* has published a series of reports on the largest generation of young people in history, 1.8 billion 10-24 year olds. Four reports analyze the importance of adolescent health from a life-course perspective; examine how social determinants influence adolescent health.^[1]

Adolescence considered the intermediary phase from childhood to adulthood. This phase can bring up issues of self-identity and autonomy. Adolescents can neither taken as children, nor as adults, and this period of change is full of paradox. Adolescence can be a time of both hesitation and invention.

Most adolescents are full of confidence and represent a positive energy in society, an asset now and for the future for the country as they mature and develop into adults. When supported, they can be tough enough in absorbing setbacks and overcoming problems.

Adolescents find in all shapes and sizes– being of different regions, ages, sexes, cultures and life experiences. So the concept of 'one size fits all' cannot be applicable here for providing services. The health needs of a 10-year-old boy in initial phase of puberty, and an 18-year-old girl who has just married or delivered a baby are very different. Patterns of health problems differ between and within regions. The rise of HIV infection through injecting drug use is a major concern in Eastern Europe, but not to the same extent in the South East Asia region. Within countries, outdoor violence or road traffic accidents may be a significant risk to young people in cities, while various nutritional problems and gastroenteritis may be a greater risk in rural areas.

Better addressing the needs of adolescents is a big challenge that goes well beyond the role of health sector alone. The social policies, legal framework, the safety of communities and opportunities for education, work and recreational activities are just some of the factors of civil society that are key to adolescent progress and development. However, in an integrated way, health services

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can play a major role in supporting adolescents to stay healthy and to complete their journey to adulthood without complications as well as treating those who are ill, injured or concerned and reaching out to those who are in risk.

A WHO consultation in Africa in October 2000 approved that “adolescents have a right to access health services that can protect them from HIV/AIDS and from other threats to their health and well-being, and that these services should be made adolescent friendly”. The consultation also give acceptance that adolescents’ needs cannot be met only by health services providers, but outlined an essential list of various clinical services as general health services for communicable as well as non communicable diseases, endemic diseases, injuries, accidents and dental care; reproductive health care including contraceptives, counseling and testing for HIV, which should be unlinked, anonymous and confidential; mental health services, including services to address the different types of addictions such as tobacco, alcohol and drugs; information and counseling on growth and development during adolescence, including hygiene, nutrition, sexuality and substance use. However, an appropriate range of essential services must be decided by each country, based on local needs assessments.^[2]

The Global Consultation on Adolescent Friendly Health Services held by WHO in Geneva in March 2001, recommended that a core package could not be a ‘fixed menu’. Instead, the Global Consultation suggested that each country must develop its own package, taking into consideration its way through epidemiological, economic and social constraints, including cultural sensitivities. It declared: “What is needed is a process by which government ministries can make decisions about what is most appropriate for their situation, taking into account cost, epidemiological factors and adolescent development priorities.”^[3] Hence it is country’s own responsibility to develop its own recipe to prepare dish of interest of their adolescents.

Surveys in many countries suggest that when young people are looking for urgent treatment for what they consider to be sensitive conditions, public sector health services are often their last resort. Health service providers are often dismayed by these findings, as they want to be a resource for young people but they do not know how.^[4] Adolescents face many barriers in obtaining the health services and commodities specially designed for them according to their needs. Some of important speed breakers in promotion and maintenance of good adolescent health are *Lack of knowledge on the part of the Adolescent, Poor quality of*

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available clinical services, Unwelcoming service providers, High cost, Legal or cultural restrictions, Physical or logistical restrictions and Gender barriers.

A growing number of countries are on track to defeat these barriers and to make it easier for adolescents to obtain the health services they need. Most of these efforts are small in scale and of limited time period. However, there are a steadily growing number of initiatives which have moved beyond the 'pilot project' or 'demonstration project' stage to scale up their operations to reach out to adolescents across an entire district, province or country.^[2]

Instead of setting up new service delivery points exclusively intended for adolescents, WHO's favors making of existing health facilities more 'friendly' to adolescents. Special service-delivery points and dedicated outreach services are required only for marginalized and stigmatized groups of adolescents. For example young commercial sex workers or injecting drug users may be hesitant to use a service-delivery point that is open to all others.

Government of India supports health services to be provided in a welcoming way, so that adolescents would be ready to obtain the special health services they need. WHO's generic 'quality of care' framework guides the

work on health service provision to adolescents. It provides a useful working definition of adolescent friendly health services. To be considered adolescent-friendly, health services have to be fit in principle frame of primary health care. The gold standard for adolescent friendly health services is that they should be *Effective, Safe Accessible, Acceptable, Equitable, Appropriate, Effective and Affordable*.^[6]

Developing an Adolescent Health Strategic Plan Helps to Answer These Questions^[5]

- ✓ What are the most critical adolescent health issues that require our attention?
- ✓ What do we ultimately want to achieve?
- ✓ What works to improve the health and well-being of youth?
- ✓ What are the best ways to address adolescent health?
- ✓ Who should be involved?
- ✓ How should we get things done?
- ✓ How do we garner support for these actions?
- ✓ What are the best ways to invest resources?
- ✓ How do we expand and/or redeploy our resources?

They meet the individual needs of young people and satisfactory enough they also recommend these services to friends after availing these. Even it seems to be difficult to achieve this ideal immediately but improvements certainly bring results.

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Adolescent friendly health services can not only be delivered in hospitals or at health centers but also in schools and in community settings. They may be planned from top level administration or started by groups of dedicated health care professionals who observe that the needs of adolescents are not being properly met, and who believe that services can be made more effective.

The Safdarjang Hospital in New Delhi, India, developed an Adolescent Healthcare Network (SHAHN) involving educational institutions and NGOs. SHAHN provides complete package of information, education and health services to adolescents. This package designed to address sexual, reproductive and nutritional health needs, emotional and mental health problems, and problems associated with substance abuse and violence^[7]. Haryana was one of the first states in the country to have launched a distinct Adolescent Reproductive and Sexual Health (ARSH) programme providing 'adolescent friendly health services' at government health facilities^[8].

Health and development needs of adolescents are certainly beyond what health services can do alone. As social framework is determined and regulate by the society in which young people grow up, the main teachers and guides for young people are their own parents and families. Young people are also influenced

by their teachers, religious leaders, friends, and increasingly in an era of globalization, by mass media. However, health services have a unique role as health care providers have special skills and knowledge and can intervene at certain critical points as young people develop and when they are going through a process of transformation and looking for some explanation. Major challenges lie in creating the political and community support to make changes, and in managing and funding the process.^[9]

It will also have an impact on future generations. Whatever this cohort of adolescents learns and whatever changes they make in their lives, they will pass on to their own children in time, as they become parents. The effects of a positive interaction, developing positive and favorable atmosphere that accomplish needs of current group of adolescents will in this way have benefits for generations to come. Finally, improvements in adolescent health services will act as a catalyst in the improvement process of health services for everyone, as staff attitudes change and people's expectations rise. Adolescents are on the verge of adulthood, and will continue to demand services that match their needs. Hence a good and effective Adolescent friendly health services establishment can pioneer change for the whole population and whole society.

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