Promoting Adolescent Friendly Reproductive and Sexual Health Services

In the National Rural Health Mission, a national strategy for Adolescent Reproductive and Sexual Health (ARSH) has been approved as part of Reproductive and Child Health Program Phase II (RCH II). This strategy should address the sexual and reproductive health needs of 230 million adolescents (10-19 years) in India. The strategy highlights the need to generate awareness, create an enabling and supportive social environment for improving the health seeking behavior of adolescents and also to build the capacity of the health system and service providers for ensuring effective delivery mechanisms and quality of services.

Addressing adolescent health, especially, sexual and reproductive health issues would contribute to reduction of TFR, MMR and IMR in the country and thus contribute in achieving the national RCH targets. States have responded by including components of ARSH in the State Program Implementation Plans. The main focus is on training, orientation workshops, providing information and counseling services in selected districts and health facilities. Varied approaches like strengthening of school health services, peer led approach have been proposed by some States for mobilizing youth for optimal utilization of services and improving their health seeking behavior. However, efforts to create and sustain demand for adolescent health services are not adequately reflected in the Program Implementation Plans (PIPs).

National Family Health Survey-3 (NFHS-3) data reveal that 10.5% females and 10.8% males in age group of 15-19 years reported any symptoms of sexually transmitted infections (STIs). In the same age group, 11% males consume alcohol and 12.3% males are smokers. While alcohol consumption has been cited as one of the reasons for risky behavior, smoking during adolescence determines future smoking behavior and thus has the potential to impact health in a significant way. NFHS-3 data also show that one in six women age 15-19 have begun childbearing: 12% have become mothers and 4% were pregnant with their first child at the time of the survey. Unplanned pregnancies are relatively common. Some 15% of births to adolescents aged 15-19 in India are reported to be unplanned. Adolescent pregnancy is likely to end up with maternal and infant mortality, premature delivery and low birth weight. Unplanned and unwanted pregnancies can end up in unsafe abortions, reproductive tract infections, infertility and maternal death.

In this scenario the significance of ARSH cannot be overemphasized. Investment in ARSH will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraceptive needs, reducing the number of maternal deaths, and reducing the incidence of STIs including HIV.

Presently, adolescent health services are operational in a limited number of health facilities across the country. Major challenges seem to be competing priorities like maternal health and child health where agenda remains unfinished. In order to achieve success, it is pertinent to monitor the quality and coverage of adolescent health services within the management information system. The available health services (under RCH) remain unutilized by adolescents as they have little to offer to adolescent, unmarried girls and boys as the services are geared to address the needs of pregnant women and children. Other major causes are lack of knowledge on conditions that require medical attention, inherent shyness in talking about their own bodies, lack of facilities or poor access and little or no social / community/family support.

In addition to Health sector, many other sectors also need to contribute to adolescent health and development. The role of the education sector plays a very significant role in creating awareness about health needs among adolescents as is that of youth affairs in informing and mobilizing 'out of school'

youth through its clubs and volunteers. The need of the hour is to clearly define the roles of such sectors as Women and Child Development, Sports and Youth Affairs, Education, and Voluntary Sector within the context of inter-sectoral convergence.

There have been appreciable efforts of Government, NGOs, Private and public private partnerships that have reinforced the resolve of the policy makers about the doability and the beneficial outcomes of ARSH implementation. Here are some ways in which health care professionals across the country can provide impetus to friendly services for adolescent sexual reproductive health.

1. IAP as a professional body can advocate with various levels of governance, leveraging on State PIPs and budget allocations to ensure that adolescent health is prioritized in the state.

2. IAP members have the unique opportunity to establish adolescent friendly health facilities both in the public and private setup. This should serve as 'models' for other members and interested professionals as well as generate the much-needed 'evidence' on various important aspects such as locale, age and gender specific needs of adolescents, and service utilization pattern. This should provide an opportunity for 'learning by doing' for upcoming doctors (eg., interns, post graduate students).

3. Evidence based advocacy should be undertaken in order to create an enabling environment both within the health system and in the community. This should provide impetus to initiating specific services for adolescents on one hand and reducing (social/community level) barriers to access, on the other.

4. Implementation of Adolescence Education Program (AEP) in all schools is an important step. This should enhance awareness on various health issues and provide an opportunity to link up schools with nearest friendly adolescent health information and clinical services. IAP members can prove to be important resources both for advocating for AEP as well as being part of the 'resource teams' at state and district level.

5. Special counseling arrangements like Scheme for Adolescent Counseling for Health (SACH) scheme in Uttar Pradesh with involvement of health professionals is novel idea. IAP members can provide the much-needed support for imparting clinical skills to health care providers at different levels to deal with adolescent specific health concerns.

6. Involvement of IAP members in adolescent programs can go a long way in providing credibility to government efforts and enhancing the acceptance of services by adolescent clients and their parents.

7. Documentation of lessons learnt from 'pilot' interventions (eg. a adolescent friendly clinic) and its wider dissemination is important so as to provide a roadmap for making services adolescent friendly.

The initiatives of Govt. of India, WHO and other National and International agencies through NRHM and the RCH II in this regard are timely. The real challenge lies in implementing adolescent friendly health services within the public health system as defined in the National ARSH strategy and reach out to 230 million adolescents in the country, including those who live in difficult situations. With favorable policy environment, committed funds in state plans and availability of trained personnel in the country, the time to act is now. We should not miss this opportunity to deliver on the Rights of Young People to sexual and reproductive health information and services that will help them to develop as healthy and empowered individuals.

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