



Youth Friends' Clinic at Tigri slum, Delhi: A Perspective on Service Utilization of Youths with Special Reference to Sexual and Reproductive Health

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Abstract

The thrust on young people and their health needs is visible in India, which is reflected in the national policies and programs. Although under the National Rural Health Mission and Reproductive and Child Health Program, Government has undertaken establishing adolescent friendly health services and training of health service providers on Adolescent's Reproductive and Sexual Health (ARSH) guidelines so as to address the Sexual and Reproductive Health (SRH) needs of young people. However, so far, only few initiatives have been made in this direction and in most of the health centers, these services are yet to be rolled out on a scale of primary health care. MAMTA had established a Youth Friendly Center named as Friends' Clinic in the resettlement colony at Tigri in New Delhi (2006) to address the SRH needs of youth in this area. This article describes the Friends' Clinic and its experiences, service utilization by youths and perspectives, expectations of young people presenting to doctors/counselors to inform the development of youth friendly services. A longitudinal follow-up data of youth participants who utilized the clinic services was used in this article. A total of 1264 clients visited the clinic; most of them visited the clinic more than once, totaling up to 3591 visits in the clinic for service utilization. Majority of them were for treatment services regarding their general/SRH problems; only a few for both treatment and counseling and very few for only counseling services. The qualitative data indicated that youth considered that the services provided in the Friends' clinic were satisfactory and most importantly, their confidentiality of problems and services availed were well maintained. There is a need for improvising strategies to increase outreach activities for improving uptake of counseling services among the clients, which can help in addressing most of the myths and perceptions regarding SRH/STI/HIV/unplanned pregnancies and contraception use among the adolescents and young people. This article shows that setting-up of special clinic for adolescents in the public health centers would help in addressing the adolescents SRH service needs.

Keywords: Adolescents, Youth Friendly Health Clinic, counseling, treatment, sexual and reproductive health.

Introduction

Adolescent health problem is a universal phenomenon, affecting a large share of global population. The current cohort of young people worldwide is the largest ever been with majority of them living in less developed countries where

illiteracy and lack of access to proper counseling and treatment services often pose a threat to adolescent reproductive and sexual health. India has more than 243 million adolescents which constitute nearly one fifth of India's total

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population¹. The adolescent mothers are more likely to have preterm births, low birth weight and a five times higher risk of maternal mortality². Nearly 45% of the maternal deaths occur among women in the age group of 15-24 years³. Early initiation of sexual activity, lack of adequate knowledge and skills to avoid risky sexual behavior, substantial unmet need of contraception, and low condom use by adolescents in general, put them in high risk of contracting sexually transmitted infections, HIV, unintended and unplanned pregnancies, unsafe abortions and infections. In addition, inadequate availability and access to adolescent-friendly health information and services, along with environmental challenges related to poverty and cultural prejudices have significant adverse health impacts^{4, 5}. Nearly 56% of adolescent girls are anemic, and in need of nutritional counseling and iron-folic acid tablets⁶. Further, adolescents experience a lot of psychological problems ranging from minor anxieties, sadness and adjustment problems to psychiatric disorders⁷.

To address the issue, India has gradually witnessed effective Adolescent Reproductive and Sexual Health (ARSH) strategies being planned in last one decade. Adolescent Friendly Health Services (AFHS) are now run by government, private and voluntary health agencies across the country although the quality and service delivery is still a concern. The recently launched *Rashtriya Kishore Swastha Karyakram (RKSK)* by Ministry of Health and Family Welfare dedicated to adolescent health and well-being also seeks to increase accessibility of quality counseling and health service as well as their utilization by adolescents and youth; consequently, strengthening AFHS and providing quality counseling services. However in 2006, when no specific services for adolescents were available including AFHS, MAMTA-Health Institute for Mother and Child (MAMTA-HIMC) realizing the need for an adolescent health clinic, had established a special Youth Friendly Center (Friends' clinic) in the resettlement colony at Tigri in New Delhi. Strategies to run the clinic were synergized with the Government of India approved strategies to provide Adolescent Reproductive and Sexual Health (ARSH) services under the National Rural Health Mission⁸.

This article elaborates the experience and learning gained while running adolescent health clinic in an urban slum setting and provides a glimpse of the issues regarding its utilization, client perception and service delivery with special reference to adolescent friendly health services.

Methods

The MIS data of the clinic (from February 2006 to March 2013) consisting of access and utilization of health services by adolescents in the Friends' Clinic have been used to prepare this article. The data have been collected regularly from the clients at the clinic. Both quantitative and qualitative data (perceptions and attitude of adolescents towards services) have been used to elaborate the findings. The analysis included both married and unmarried adolescents in the age group of 10 to 24 years of age. We engaged one field investigator with social science background to collect the qualitative data from clients through in-depth interviews and informal meetings in the year 2012 and 2013. The additional qualitative data, used for this study, was collected by a research student from the clients of Friends' clinic.

About Friends' Clinic

The clinic catered a total population of more than 50,000 people in around 7,000 households spread over 4 square kilometers. Most of the inhabitants are migrants from Rajasthan, Uttar Pradesh and Bihar, some of whom migrated one or two generations back. The main sources of livelihood are labor in small factories, daily wage earning and grade IV employment in offices. All the adolescent girls and boys were attending the Friends' clinic (youth friendly health clinic) in the slum area of Tigri, Delhi.

The Friends' clinic functions as a primary health care unit with a well-defined package of services focusing on primitive, preventive, and curative health care and also as a youth information and counseling center. The clinic is committed to provide a wide range of free services i.e. primary medical care, counseling services, basic diagnostic facilities, and medicines. Since 2006, the clinic serves youth between the ages of 10-24 years where in counseling on personal problem, general health, nutrition, mental health, Sexual and Reproductive Health (SRH) and contraception are being given in addition to primary medical care. The clinic also provides referral services to the Primary Health Center (PHC) and Community Health Center (CHC).

The clinic ensures a congenial environment for the adolescents and encourages them to open up for their demand on SRH issues. Different magazines on health issues as well as general issues including story books and playing materials are made available in the clinic. Separate rooms for doctor and counselor are present in the clinic to

emphasize on client's privacy. Pamphlets and posters are also available to the adolescents on sexual and reproductive health, nutrition and growth. This is to address the gap in knowledge and awareness among adolescents on general health, sexual and reproductive health issues.

The workforce includes two medical doctors, two counselors, one pathologist and one pharmacist. In addition, the clinic also has community outreach staff. The community outreach staff visits households and conveys information regarding the need and importance of sound health, proper nutrition as well as the knowledge of reproductive and sexual health issues of adolescents to the parents. They also conduct monthly group meetings of adolescents in the community. Service providers are technically competent and motivated to provide services to adolescents according to their need. On-the-job training is ensured to the clinic staff and it includes training in health and adolescents issues, training in youth-friendly

attitudes, clinic procedures, filling different forms, etc.

Results

Background Characteristics of the Adolescent Clients

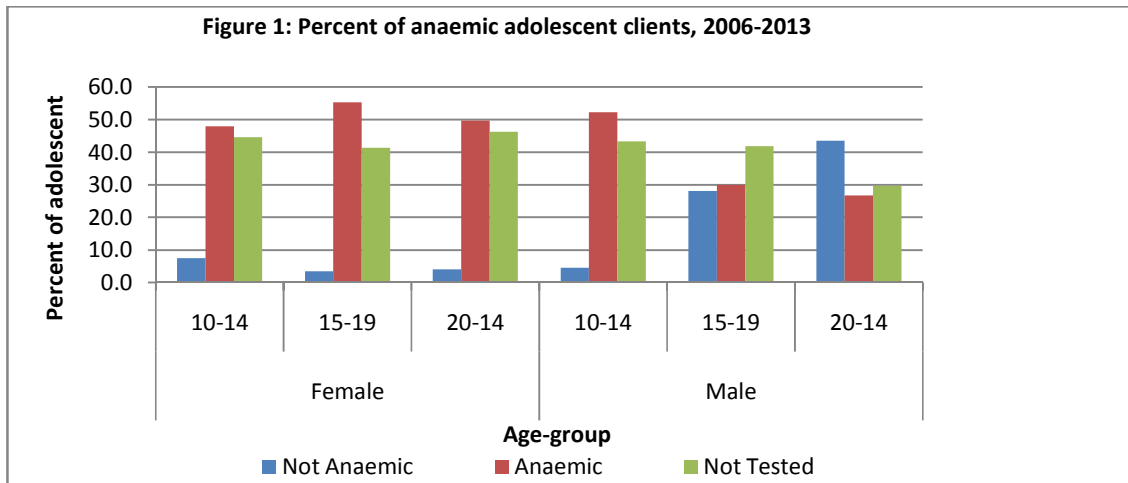
From the inception of the clinic in 2006 to March 2013, Friends' clinic has received a total of 1264 clients, who made a total of 3591 visits. More than 40 percent of both male and female adolescents were in the age group of 15-19 years (table 1). Most of the adolescents were never married; among them, 97 percent were males and around 79 percent were females. When educational status was taken into account, a substantial proportions of never enrolled and drop out adolescents have come to the clinic. Most of the adolescents learned about the Friends' clinic and its services from outreach staff. The friends, relatives and neighbors were the next source of information about the clinic.

Background characteristics	Sex of clients		Number of Clients (N)
	Male (%) N=499	Female (%) N=765	
Age group			
10-14	35.7	31.6	420
15-19	44.1	42.4	544
20-24	20.2	26.0	300
Marital status			
Ever married	3.2	21.3	179
Never married	96.8	78.7	1085
Educational Attainment			
Never enrolled	2.8	3.4	40
Dropped out	30.9	42.6	480
Currently continuing	63.7	48.2	687
Finished education	2.6	5.8	57

Table 1. Background characteristics of clients attending Friends' clinic, Tigri, 2006-2013

Relatively greater proportion of females was anemic as compared to the male adolescents. Anemic condition among the adolescents affects their growth and development. Around fifty

percent of adolescent girls in all age groups were anemic (figure 1). Interestingly, more than fifty percent of male adolescents were found to be anemic in the age group of 10-14 years.



Utilization of Friends' Clinic

Total 3591 adolescent clients had visited the Friends' clinic in seven years (from February 2006 to March 2013), out of which 1510 were males and 2081 individuals were females. There are substantial numbers of repeated visitors (table 2). Numbers of repeated clients are higher than new clients, which perhaps indicate that the adolescents are finding the services beneficial and thus, are revisiting.

Self-reported Reasons While Visiting Clinic

The project MIS data indicate that considerable number of females visited the clinic for sexual and reproductive health problems – primarily with abdomen pain after ending of menstruation period, amenorrhea, anemia, backache and white discharge from vagina, bleeding, prolonged bleeding, body-ache, boil in perineum, burning micturition, painful periods, irregular periods, discharge p/v, dysmenorrhea, dysmenorrhea and heavy flow, dyspareunia, early pregnancy, early pregnancy with anemia, epigastric pain, feeling weak, follow-up for breast lump, follow-up for leucorrhea, fungal infection, gastritis, heavy

periods, heavy tenderness in both breasts, indigestion, infertility, periods with itching, itching in perineum, leucorrhea, loss of appetite, menarche short cycle, missed period, painful period, scanty periods, vaginal discharge, don't know how to use contraception, weakness, etc. These diagnoses were made by a clinician providing health services in the clinic.

Similarly, different types of sexual and reproductive diseases of male adolescents such as allergy in genital organs, burning while passing urine, cannot perform sex properly, early discharge during sex and masturbation, tension because of masturbation and night falls, fear of having acquired HIV/AIDS, feeling of looseness of penis on erection, feeling penis size is small & testis are hanging, genital rashes/itching, passing more urine, passing semen with urine, rashes inguino-scrotal region, slight semen discharge before sex, and weakness because of night falls are treated at the clinic. For these sexual and reproductive issues, male usually visited the Friends' clinic. Very few adolescent clients visited the clinic for the diagnostics test purpose. The reason for adolescent visit to the clinic is either treatment or treatment and counseling.

Gender	Presenting health complaints	Visit Numbers					Total Visits
		1 visit	2 visits	3 visits	4 visits	>5 visits	
Female	Sexual and reproductive health problems	214	76	47	26	103	466
	General health problems	546	259	147	108	517	1577
	Only diagnostics test	5	11	4	7	11	38
	Total visits by female clients	765	346	198	141	631	2081
Male	Sexual and reproductive health problems	34	13	4	3	12	66
	General health problems	457	212	122	103	526	1420
	Only diagnostics test	8	4	-	3	9	24
	Total visits by male clients	499	229	126	109	547	1510
Total number of visits by all clients		1264	575	324	250	1178	3591

Source: MIS data from Tigri Project (February 2006 to March 2013)

Table 2. Number of visits of adolescents based on their health problems and sex (2006-2013), Tigri slum, Delhi

Services Aailed

Most of the clients had visited the clinic for treatment purpose (table 3). Majority of the female clients (97%) who presented with sexual and reproductive problem, had visited the clinic for treatment only, whereas few visited for both

treatment & counseling or only for counseling (2.8% and 0.2% respectively). Overall, most of the females, who visited the clinic, have received treatment only. Similarly among males, most of the clients had visited the clinic for treatment purpose.

Gender	Presenting complaints	Service aailed			Grand Total
		Treatment	Counseling	Treatment and counseling	
Female	Sexual and reproductive health problems	452 (97%)	1 (0.2%)	13 (2.8%)	466
	General health problems	1538 (97.5%)	3 (0.2%)	36 (2.3%)	1577
	Only Diagnostics Test	9 (23.7%)	29 (76.3%)	(0%)	38
	Total Number of visits Female clients	1999 (96.1%)	33 (1.6%)	49 (2.4%)	2081
Male	Sexual and reproductive health problems	61 (92.4%)	(0%)	5 (7.6%)	66
	General health problems	1384 (97.5%)	2 (0.1%)	34 (2.4%)	1420
	Only Diagnostics Test	4 (16.7%)	20 (83.3%)	(0%)	24
	Total Number of visits Male clients	1449 (96.0%)	22 (1.5%)	39 (2.6%)	1510
Total numbers of visits clients		3448	55	88	3591

Source: MIS data from Tigri Project (February 2006 to March 2013)

Table 3. Adolescents access services at Friend's clinic in Tigri (2006-2013), Delhi

Client Opinion about Clinic

Qualitative data indicates that, youth appreciated the clinic as it has both male and female clinicians, with whom they could talk regarding their sexual health freely; although they agreed that it took some time to be able to share all information with doctors. All stated that they were comfortable seeking information and services and they have confidence on the clinic's service. They also recognized that confidentiality was well maintained in the clinic.

Young clients appreciated the behavior of the receptionist. Doctor and counselor talked to the adolescent in-person and in private. Some informed that they knew about sexual and reproductive health, but still they wanted to know more as they used to forget it. Further, the clinic had an ambience and information materials like magazines, pamphlets which were conducive and friendly towards adolescents.

Some adolescents reported that they have stopped going to a private clinic as they got better service

at Friends' clinic. They recognized Friends' clinic as economical with effective medicines and enough opportunities provided by the service provider to discuss problems in details. Especially, female adolescents informed that they were not able to talk male doctors freely about many sexual and reproductive health problems at other private clinics. At the Friends' clinic, they felt comfortable to discuss issues with the lady doctor. However, use of English along with Hindi by the doctors and counselors while interacting was considered by some adolescents as stumbling blocks to understand issues properly.

Views of Service Providers at Clinic

According to medical officers at the clinic, youth was very comfortable while attending the clinic to learn about sexual and reproductive health issues and were very vocal while interacting. Patience, active listening, attentive body language and choice of simple words were aspects that they mentioned as key components while providing youth-friendly services that make youth comfortable.

"That if you empower them, at this stage when they are just teenagers, they know what they want; they will not be bullied by elders." (Medical Officer, age 49, Tigri)

"I use the language depending on the background of the client: I will try to talk in that language (similar language) so that they understand." (Counselor, age 33, Tigri)

"We are focusing on youth problems, myths of masturbation, drug abuse, HIV health, nutrition and these types of social and personal problems we always try to counsel to all youth." (Male Counselor, age 33, Tigri)

"Sometimes their memory is short lived; so then you are reiterating the facts." (Female Counselor, age 49, Tigri)

"The service of this clinic brings a significant positive change in general, sexual and reproductive health of poor adolescents." (Female Doctor, Tigri)

Discussion

There is a positive view among adolescents about the services that are provided in the clinic. Community members and parents were not restricting their adolescents for using services of the clinic perhaps due to awareness campaign at community level by outreach workers. Youth recognized Friends' clinic as highly economical with effective medicines. They appreciated that they were given the chance to discuss their problems in detail. The findings have reemphasized that adolescent friendly congenial environment, in terms of privacy, attitude of service providers coupled with community level

engagement can really improve the service uptake. Data indicated that large proportion of youth who attended clinic was of those who had dropped out from school, which is a positive sign. These children are high risk groups towards drugs, unsafe sex and crime, etc. We were able to orient them towards good health practices. There were a higher number of repeated adolescent visitors which indicates the popularity of the clinic. However, there was marginal number of clients who came for counseling in the clinic. This indicates a need to rethink the strategies that encourage youths to come forward and utilize counseling services. There are global evidences

that suggest positive effect of counseling towards better use of services and improving adolescent sexual and reproductive health^{9, 10}. In India, Government initiative towards adolescents' health needs to be improved which must be complemented through NGO participation and other private initiative. Sometimes, paucity of basic requirements and facilities hinders full utilization of such public clinics. Thus, integrating initiatives like Friends' clinic in public health system shall definitely bring out positive impact in ARSH issues. Initiatives must be taken to scale up such model in other cultural and ecological context across the country, which would fulfill many adolescents' sexual and reproductive health needs.

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