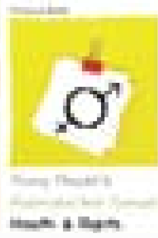
research brief |



02

Friends' – A Youth-Friendly Health Services Project in Tigri slum, New Delhi, India

The thrust on young people and their health needs is visible in India post ICPD, which is reflected in the national policies. The Population Policy 2000, the National Health Policy 2002, National Youth Policy 2003 recognises the special health needs of adolescents and young people. Under the National Rural Health Mission (NRHM) and Reproductive and Child Health Programme 2005 there is provision for establishing adolescent friendly health services so as to address the sexual and reproductive health needs of young people. So far, only few initiatives have been made in this direction (e.g., Safdarjang Hospital Adolescent Healthcare Network SHAHN, New Delhi and other teaching hospitals). However these services are yet to be rolled out on a scale of primary health care.

BACKGROUND AND RATIONALE FOR THE PROJECT

In a research study on 'Adolescent and Public Health System' commissioned by WHO, SEARO in 2004, undertaken by MAMTA in Himachal Pradesh, it became obvious that young people face many barriers in utilization of public health facilities. These include lack of privacy, lack of confidentiality, interruptions during consultation, long waiting time, non-availability of 'same sex' doctors, and non-availability of medicines. The environment at public health facility is seen as 'non-conducive' for unmarried and married young people to share their sexual and reproductive health problems. Private health facilities are accessed for these health concerns as they are perceived to be 'friendly', even though costlier than the public ones. The findings, of the study, are consistent among rural as well as urban young people.

In light of these findings and review of similar work, especially from African countries, a Youth Friendly Center has been established in the resettlement colony at Tigri in New Delhi. The research activities aim to document the process of establishing a well-functioning health facility for young people by answering the following research questions:

- What makes health services youth-friendly?
- What attracts youth to health services offered by the Youth Centre?

PROJECT AREA

The project area is spread over 4 square kilometres covering a total population of more than 50,000 in around 7,000 households. 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 – working as labourers in small factories, hawkers, daily wage earners, and grade IV employees in offices.

The inhabitants of the slums mainly have access to unqualified medical practitioners. A few registered medical practitioners and *dais* (birth attendants), besides some Non-Governmental Organizations, are providing health care services. A government dispensary is situated about 3 kilometres from the slum. Widespread alcoholism, gender inequity, poor educational status are social situation affecting health vulnerability in slums[1]. Forms of substance abuse and gambling as well as sexual abuse are not uncommon among the target population.

TARGET POPULATION

The target population are young people in the age group of 10-24 years, both married and unmarried.

1 STATE OF URBAN HEALTH IN DELHI Urban Health Resource Centre available at www.uhrc.in/name-CmodsDownload-index-req-getit-lid-63.html

PROJECT COMPONENTS

The project has three components :

1) A Youth Friendly Health Centre –'**Friends**', providing *Clinical and information services;*
2) *Outreach activities* to raise awareness about health issues and about the clinical services; and
3) *Research activities* to determine what makes services friendly for youth and brings young people to youth friendly services

1. Clinical and information centre services

"Friends" has been established as a drop-in-centre within the community. This centre functions as a primary health care unit with a well-defined package of services focusing on promotive, preventive and curative health care and also as a youth information center. The centre addresses young peoples' health needs and concerns through medical and counselling services, laboratory facilities, drug dispensary and referrals to secondary/tertiary health care facilities in the vicinity.

Clinical services (including sexual and reproductive health services) are provided twice a week, separately for male and female clients, by a team of qualified doctor and counsellor of same sex during hours pre-decided by young people themselves. Information on client's socio-economic background, medical / psychological background and current complaints, and information on the prescribed laboratory investigations and drugs is collected through specifically designed formats. The Standard Operating Procedures (SOPs) for maintaining 'confidentiality' and 'privacy' and package of services is well defined and all the clinic staff is well oriented on these procedures.

The centre acts as an **information centre.** A place where young people can seek information, advice and/or contraceptives. Written material on different health issues as well as educational documentaries / films are available and can be accessed at any time during the working hours of the centre. Carry-home material is also provided.

2. Outreach activities

The outreach activities in the community focus on raising awareness about young people's health issues and about services provided by the Friends centre. The 10 blocks are covered in a cycle of five months by four community workers (two male and female). During first round of outreach, detailed **mapping** exercise is undertaken to draw a detailed map of the focused block including streets and houses, landmarks, places where boys and girls generally assemble, possible sites for organizing meetings, residences of peer educators (PEs) and location of community-based organization (CBO), non–governmental organizations (NGOs) and registered medical practitioners (RMPs).

Door-to-door visits are conducted throughout the month. In the beginning of the month the area to be covered each day is planned and marked on the prepared map ("Planning map"). The goal is to cover every household of the area. Fliers are distributed and more PEs identified. Other outreach activities include activities on special days (like National and International Youth Day), quiz competitions and activities suggested by young people themselves. **Meetings** with *CBO-members, parents and key gatekeeper adults* are held in each block in order to inform them about the centre's aim and activities. The aim is to create an enabling environment and to reduce barriers for young people to visit the centre and participate in its activities. Meetings with *young people* are organised (both at the centre and in the community) so as to create awareness about health needs and services available at the centre, its location, contact details and confidentiality guidelines. All the outreach activities are documented on specifically designed forms.

A community outreach tool had to be adopted from "Engaging communities in youth reproductive health and HIV projects[2]' in accordance to the local need. The tool was field tested and were commissioned to create awareness, amongst the target audience, regarding the Friend's clinic. This tool helps young people to identify and discuss issues related to their sexual health and sexuality; explore existing communication between young people and adults about sex and sexuality; identify and explore availability of sexual health services (sources of information and support) and health service support relating to YRH in the area; and highlight the importance of Friends centre.

2 Engaging Communities in Youth Reproductive Health and HIV Projects : A Guide to Participatory Assessments, Family Health International, 2006 available at http://www.fhi.org/NR/rdonlyres/eocd5killnf6wfdax5ncsln4cdtosrkx-nnhojkhvlvexwtxnzvgk6mheepagh6qqyyyknhwo4ekubp/PLAguide.PDF

3. Research activities

The research design is a process documentation[3] that uses both qualitative and quantitative research tools to answer the questions. It aims to collect information about outreach activities, data on clinic attendance, assessment of client satisfaction through exit interviews, monitoring observation results on the standardised package of services. Focus-group-discussions (FGDs) and in-depth interviews (IDIs) with young people and gatekeepers adults-at regular interval brings the level of comfort among the target audience.

Voluntary informed consent is sought from every client attending the clinical services for their participating in research activities. Ethical issues such as anonymity, privacy and confidentiality are taken care of in each activity.

MANPOWER AND TRAINING

The full-time team in the field includes a receptionist (female) and four community workers (two male and two female). Programme officer and programme managers are responsible for overall planning, supervision and monitoring of the implementation of activities and the progress of the study. Clinical services are provided once a week for females and once a week for males by two qualified doctors and by two qualified counsellors (one male and one female of each). Laboratory services with basic laboratory tests and a drug dispensary are manned by a part-time laboratory technician / pharmacist.

On-the-job training is provided to the clinic staff and it includes training in health and adolescent issues, training in youth-friendly attitudes, clinic procedures, filling in the forms etc.

RESULTS

From the time of initiation of clinic in February 2006 (till December 2007), Friends-centre has received a total of 506 clients who made a total of 1291 visits. Selected information about the clients and visits made by them are as follows.

3 Hawe P., Degeling D., Hall J. (1990) What to measure first: process evaluation. In Evaluating Health Promotion. Elsevier Australia, Marrickwille, pp.59-85.

Table 1 : Percent distribution of Friends' clients according to age, sex, marital status and educational attainment Tigri, 2006-07

	Sex of Clients		No. of
Background characteristics	Male	Female	New Client
Age Group			
10-14	40.3	59.7	144
15-19	41.0	59.0	251
20-24	37.8	62.2	111
Marital Status			
Ever married	13.3	86.7	45
Never married	42.7	57.3	461
Educational Attainment[1]			
Never enrolled	22.7	77.3	22
<Primary school complete	51.0	49.0	51
Primary school complete	31.4	68.6	188
Middle school complete	40.2	59.8	107
High school complete	46.7	53.3	60
Higher secondary complete and above	50.0	50.0	48
Not mentioned/Missing	60.0	40.0	30
All clients	40.1	59.9	506

Note: Table based on client visited Friends' Centre from Feb 2006 to Oct 2007.

1 'Primary school complete' means 5-7 completed years of education, 'Middle school complete' means 8-9 completed years of education, 'High school complete' means 10-11 completed years of education, and 'Higher secondary complete and above' means 12 or more completed years of education.

Adolescent clients in the age group of 15-19 years, mostly unmarried, are the most frequent visitors to the center (Fig 1). Most of the clients have had some years of schooling –this helps them to make use of the information being made available through the center.

Fig. 1: Distribution of Clients According to Source of Information About Friends Clinic

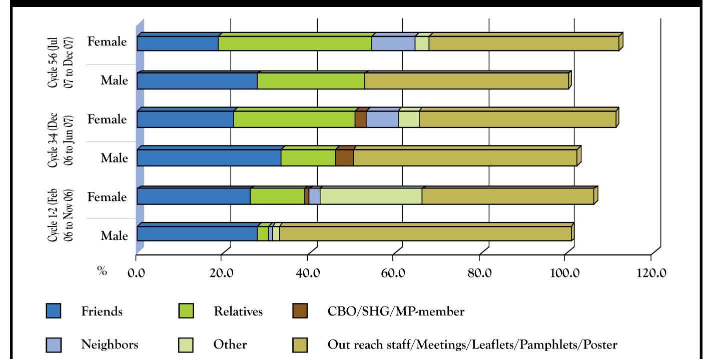
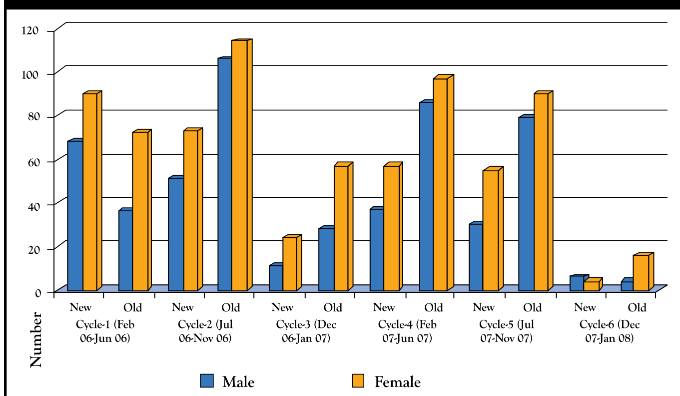


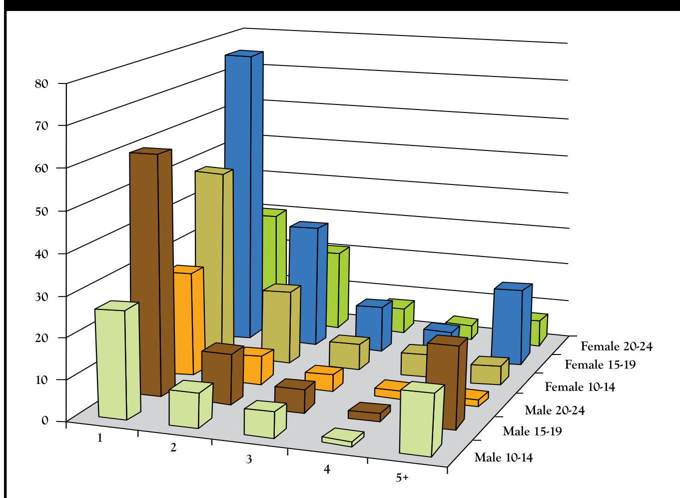
Fig. 2: Visit Register According to Sex, Intervention Cycle.



In almost all reference cycles, except the initial cycle the visit by 'old/repeat' clients is more than the new ones (Fig.2). This shows that the center has been able to 'retain' old clients while attracting 'newer' ones.

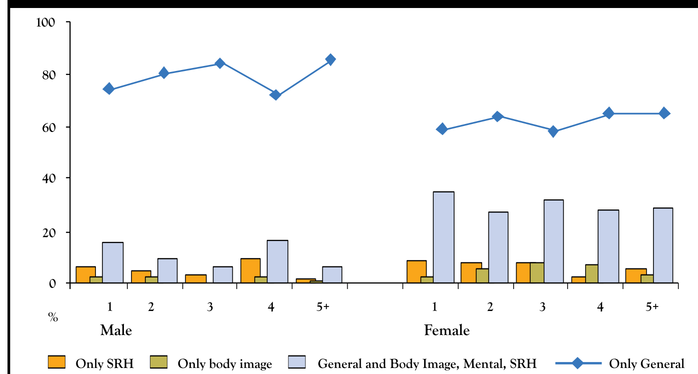
During the initial period, most of the clients attending the clinic were informed about the center by the outreach staff and through activities taking place in the community. However peers and relatives (through 'word of mouth') have now become important sources for information about the center.

Fig. 3: Distribution of Clients According to Visits



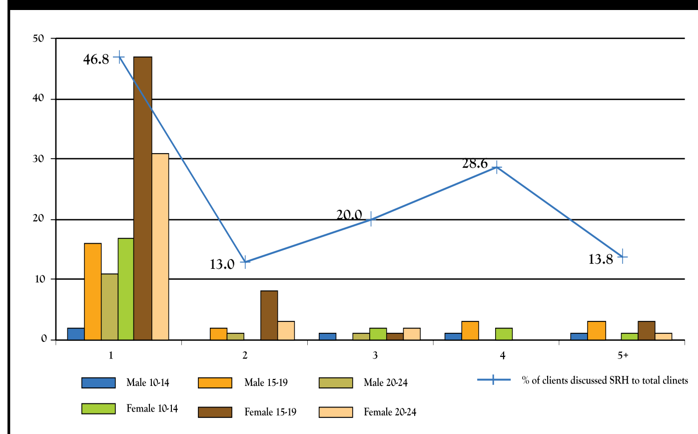
The turnouts of old clients some time outnumber new clients showing the confidence the centre could create among clients. Clients visit the centre in the proportion to their first contact pattern (Fig. 3). However repeat visit for male clients of 10-14 and 15-19 years age group in the five plus visit category are more in proportion to initial visits than that of any other groups. Clients visiting more than once feel confident after the initial visit.

Fig. 4: Presenting Medical Compalints by Number of Visit and Sex of Client



Most clients visit with general health complaints (Fig. 4). This is expected in a situation where quality health services are scarce or not-available. Body image and sexual and reproductive health concerns are often not the primary complaints. Since many female clients present with a menstrual problem, their number is higher in categories representing sexual and reproductive health concerns.

Fig. 5: Clients Discussing SRH Concern for the First Time



The standardised format for taking history provides scope for the service providers (doctors & counsellors) and the clients to discuss a wide range of sexual and reproductive health (SRH) concerns. 46.8 percent of clients reported SRH concern during history taking that includes screening for SRH concerns. 13.0, 20, 28.6 and 13.8 per cent of clients discussed SRH concerns (for the first time) in 2nd, 3rd, 4th and 5th visits, respectively (Fig. 5).

Table 2 : Unmarried clients and their relationship with opposite sex

		Ever had a boy/girl friend		Ever had sexual intercourse	
Age	Sex	Percent	Number	Percent	Number
12-14	Male	5.6	18	0.0	1
	Female	5.7	35	0.0	2
15-19	Male	38.1	42	31.3	16
	Female	11.8	76	11.1	9
20-24	Male	83.3	18	53.3	15
	Female	15.0	20	0.0	3
All clients		22.0	209	30.4	46

Table 3 : Percentage distribution of increase in knowledge of condom and use among clients attending Friends' clinic and visit number

		Number of visits		
		1	**2**	**3**
Heard about condom				
Male	Percentage	86.5	97.9	98.8
	Number	111	47	81
Female	Percentage	63.8	91.3	95.7
	Number	163	69	93
Know correct use of condom (Those who have heard of condom)				
Male	Percentage	43.8	58.7	93.8
	Number	96	46	80
Female	Percentage	59.6	92.1	98.9
	Number	104	63	89
Condom can prevent pregnancy				
Male	Percentage	50.5	74.5	87.7
	Number	111	47	81
Female	Percentage	38.0	76.8	91.4
	Number	163	69	93
Consistent and correct use of condom can prevent HIV and STI				
Male	Percentage	54.1	76.6	85.2
	Number	111	47	81
Female	Percentage	19.6	47.8	71.0
	Number	163	69	93

Note : Clients aged 12-24 years and in the time period Dec. '06 till Dec. '07.

Of the 209 unmarried clients visiting the Friends center from December 2006 till December 2007 to avail clinical services, 22 per cent clients (46 clients) reported having a friend of opposite sex (Table 2). Of these 46 clients, 30.4 percent reportedly 'ever had sexual intercourse'. This underlines the need for promoting 'safe sex' by providing relevant information and access to protective methods like condom and emergency contraceptive pills.

The package of services delivered through the centre includes promotive, preventive and curative health services. During each visit the clients are assessed for their knowledge about condoms as 'protection' and correct use of condom. Each client is then demonstrated the correct use of a condom by the doctor and the counsellor. 43.8 per cent of male clients (those who have heard about condom), in the first visit, reported that they know the correct method to use a condom (Table 3). The awareness about condoms among female clients is only 63.8 percent in the first visit, and of these 59.6 percent reported the correct use of condom. **In subsequent visits both the awareness** about **condom** (98.8 percent males and 95.7 percent females) **and knowledge about correct use of condom increased substantially** (93.8 percent among males and 98.9 percent among females).**This shows that addressing the issue of 'safe behaviour' and 'condom use', in a youth friendly environment, and repeated contact can bring about knowledge change.** Knowledge that condom can prevent

Table 4 : Percentage distribution of increase in knowledge of STI and HIV infection among clients attending Friends' clinic and visit number

	Number of visit					
	1	2	3	1	2	3
Knowledge about HIV or AIDS and/or STIs	Male			Female		
Heard about HIV or AIDS and/or STIs						
HIV/AIDS and STIs	20.4	40.4	66.7	0.6	0.0	3.3
Only HIV/AIDS	62.0	51.1	33.3	67.1	94.1	92.2
Neither	16.7	6.4	0.0	31.1	5.9	2.2
Knowledge about mode of HIV transmission						
No knowledge	25.9	12.8	0.0	61.5	30.9	12.2
Unsafe sex	63.9	76.6	93.6	31.1	60.3	83.3
Infected blood	35.2	42.6	79.5	20.5	41.2	78.9
Sharing contaminated needles	38.9	53.2	78.2	26.7	51.5	83.3
From positive mother to child (during pregnancy, delivery and breastfeeding)	17.6	34.0	74.4	12.4	27.9	50.0
Misconceptions						
Using infected blade	12.0	25.5	25.6	NA	NA	NA
Other Misconceptions can be deleted	8.3	8.5	5.1	NA	NA	NA
Any	NA	NA	NA	1.2	4.4	2.2
Knowledge about ways to prevent of HIV and STIs						
None	26.9	12.8	2.6	71.4	42.6	17.8
Abstinence	9.3	27.7	56.4	0.6	0.0	5.6
Being faithful with uninfected partner	11.1	8.5	10.3	16.1	38.2	68.9
Using condom consistently and correctly	55.6	78.7	87.2	20.5	48.5	72.2
PMTCT	15.7	29.8	42.3	5.6	19.1	45.6
Use of blood screened for HIV	31.5	29.8	64.1	13.7	32.4	71.1
Not sharing needles	39.8	46.8	60.3	14.9	30.9	54.4
Misconception						
Using blade	4.6	4.3	12.8	NA	NA	NA
Any misconception	13.0	25.5	19.2	4.3	8.8	7.8
Number of male clients	108	47	78	161	68	90

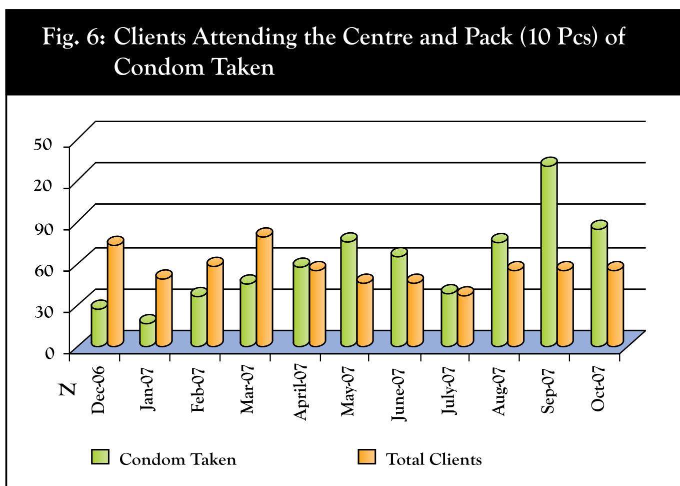
Note : Clients aged 12-24 years and in the time period Dec. '06 till Dec. '07.
*Sharing of blades, used by HIV infected, is the commonest 'other' concern.
NA: Not applicant

pregnancy and that condom used consistently and correctly can prevent HIV and Sexually Transmitted Infections has increased in both male and female clients with the number of visits.

Condoms are placed at different locations in the center for uptake by clients. Over time there has been an increase in the number of condoms being taken away from different sites (Fig. 6). **Most of the condoms are being picked up at the entrance** being away from any on-looker (not shown here).

The knowledge about different modes of HIV transmission and ways to prevent it has increased significantly among clients presenting for repeat visits (Table 4).

Fig. 6: Clients Attending the Centre and Pack (10 Pcs) of Condom Taken



WAY FORWARD

Youth friendly services is linked to overall health outcome in terms of maternal and infant mortality, and total fertility rate (besides outcomes like reduction in incidence of STIs/HIV, unwanted pregnancies). Adolescent Friendly Reproductive and Sexual Health service is now available through National Rural Health Mission. However there has been a limited 'roll out' as this area has not been given due priority in the States even if they are a part of the State's implementation plan. There is need for advocacy and building awareness among policy implementers at the state and district level, using evidence from this center, to ensure integration of services for young people in the public health system.

By the end of June 2008, the present pilot phase will be completed. The complete process documentation of the project by December, 2008 would answer the two research questions. And thus would emerge as a guideline of building adolescent sexual and reproductive clinic within the community setting. However similar initiatives in more than one site would taste the feasibility of a model in community context.

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The programme was supported by

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