

Facility Readiness for Adolescent Friendly Health Services: In Selected Facilities

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Abstract

In 2016, a new strategic plan is developed nationally to address the adolescent health issues holistically. For its implementation, it is important to assess the available resources at health facilities. The aim of this study was to assess the readiness of the health facilities for the implementation of comprehensive adolescent friendly health services. A cross-sectional study was conducted among the Adolescent friendly service delivering centre. A total of 11 Adolescent Friendly Health centers was selected randomly. The data were collected through interview and observation. Interviews were done among 11 health care providers and 89Adolescents. Data were entered into Microsoft Excel 2010 software and descriptive analysis was made. Totally, 11 health facilities were observed. 91% facilities had clean separate waiting room with well-equipped furniture and Light, fan, curtain and provision of safe drinking water .Signboard with logo found at 72.7% facilities, 63.6% Service Providers trained on adolescent friendly health services but no Supporting Staff strained on adolescent friendly health services. Most of the Adolescents were satisfied (90%) with service provider's attitude and behaviors but about supporting staffs it was low. Adolescent health related drugs and commodities were found in most of the Facilities. Presence of IEC and take way materials and service protocol was very poor. It is possible to begin the comprehensive adolescent friendly health care service in all health facility with the existing health care givers after special training on Adolescent friendly health services with specified rooms. However, the training of health care providers, supporting staffs and fulfilling the necessary of medical supplies and commodities is a prerequisite for quality Adolescent health care.

Keywords: Facility readiness; Adolescent Friendly Health Services; Adolescent.

INTRODUCTION

WHO described adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19 years (WHO, 2016). There are approximately 1.2 billion adolescents in the world, 88% of this population live in developing countries. Bangladesh have approximately 36 million Adolescents that comprizes about 20.5% of total population, many of them are at risk of unplanned pregnancy, Sexually Transmitted Infections (STIs) and HIV/ AIDS, Malnutrition, Mental health problem and Violence (WHO, 2017).

Adolescents-friendly services are able to effectively attract Adolescents people, meet their needs comfortably and responsively, and succeed in retaining young clients for continuing care.

The World Health Organization identified five key dimensions of Adolescents-friendly services:

1. Equitable
2. Accessible
3. Acceptable
4. Appropriate
5. Effective

Adolescent Friendly Reproductive Health Services Program (AFRH) is a program that focuses on the welfare of adolescents through guidance on how to maximize the use of health care services.

RESEARCH QUESTION

- How conducive is the Adolescent friendly health centers in the delivery of adolescent friendly health services?
- Adolescent friendly services are designed to make health services accommodate the unique needs of Adolescent.

OBJECTIVES

- To assess the present scenario of adolescent friendly health corner.
- To explore the service provide through AFHS centers and Adolescents perception.

METHOD AND MATERIALS

Study Design: It was an Observational Facility based study.

Study Area: The study was conducted in selected areas 11 facilities at four Divisions.

Study sample: The study populations were two groups. Adolescents and service providers.
Adolescent - 89 (Male-20, Female-69)
Selected Facilities -11 Centre

The centers was-

* UH & FWC = 6 * MCWC = 3 * National level Institute = 2

In Total Sample:

Adolescent Groups sample = 110, Facilities Centre = 11

Data were collected from randomly selected Adolescent Friendly health centers using a pretested structured questionnaire.

Observation Findings:

Health workers and their belonging health facilities were observed throughout the study process in field.

Observation check list of Adolescent Friendly Health centers were used.

Fig. 1: Adolescent Demographic Data, N = 89

Facility Readiness / Area Total Adolescent Friendly Health Corner Data, N = 11	Y/N Frequency	Y/N%	Total %
Signboard with AFHS Logo	8 / 3	72.7 / 27.3	100
Arrow Direction	2 / 9	18.2 / 81.81	100
Billboard with Right Information	4 / 7	36.4 / 63.6	100
Citizen charter	0 / 11	0 / 100	100
Clean Waiting room	10 / 1	90.9 / 9.0	100
Safe Water source	8 / 3	72.7 / 27.3	100
Seating arrangement	7 / 4	63.6 / 36.4	100
IEC Materials	7 / 4	63.6 / 36.4	100
Toilet facility	10 / 1	90.9 / 9.0	100
Well Environment/ Light fan	10 / 1	90.9 / 9.0	100
Wall Clock	0 / 11	0 / 100	100
Book Shelf	3 / 8	27.3 / 72.7	100
Service Reg. & Monthly Report System	11 / 0	100 / 0	100

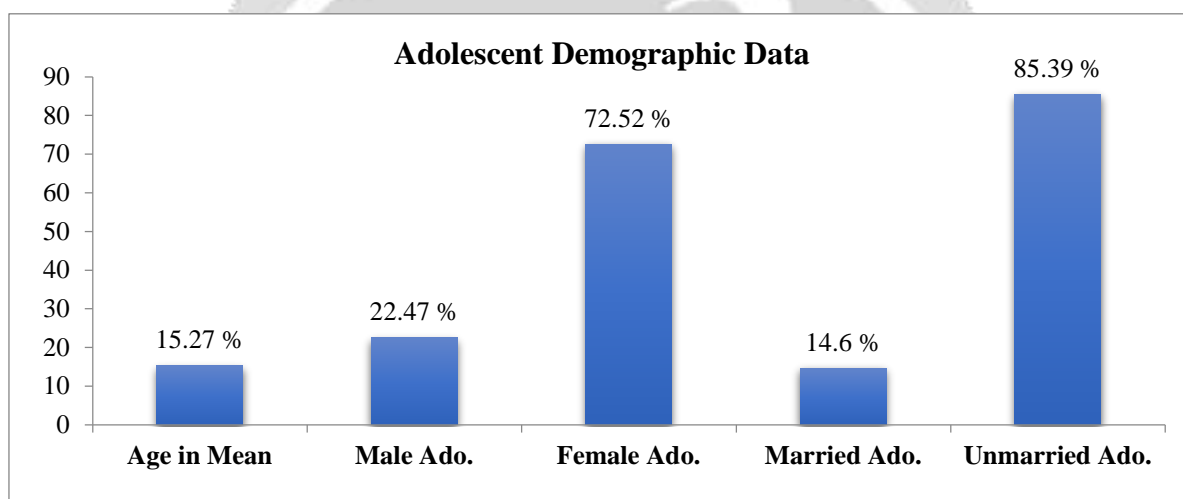


Fig. 2: “Infra- Structure Information” of Adolescent Friendly Health Corner, N=11

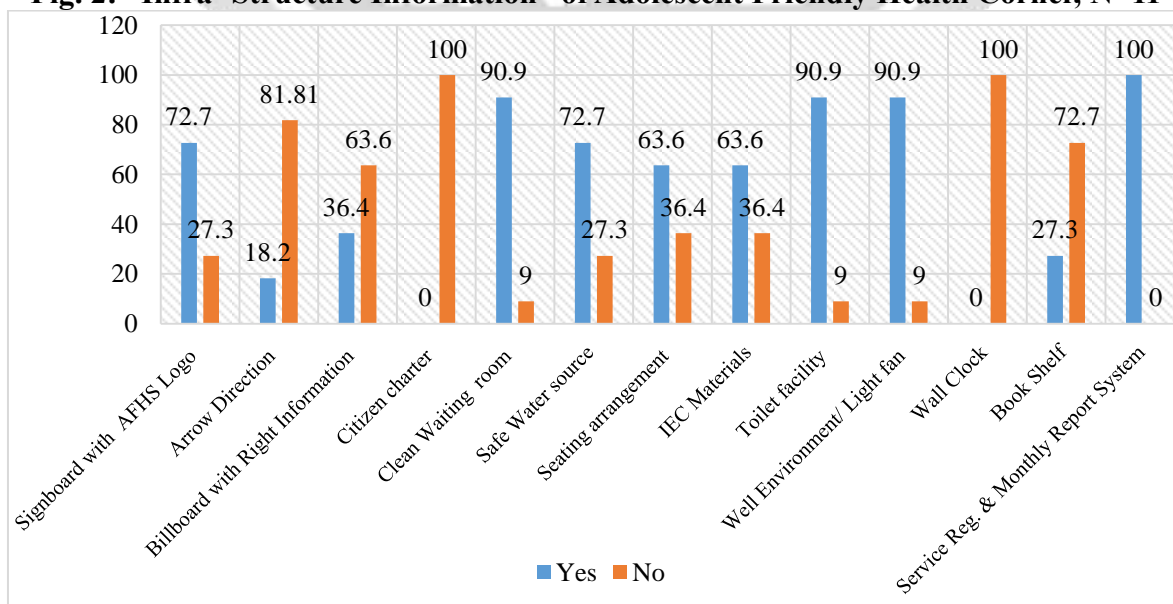


Fig. 3: Training of Service Providers and Supporting Staffs & others Information, N=11

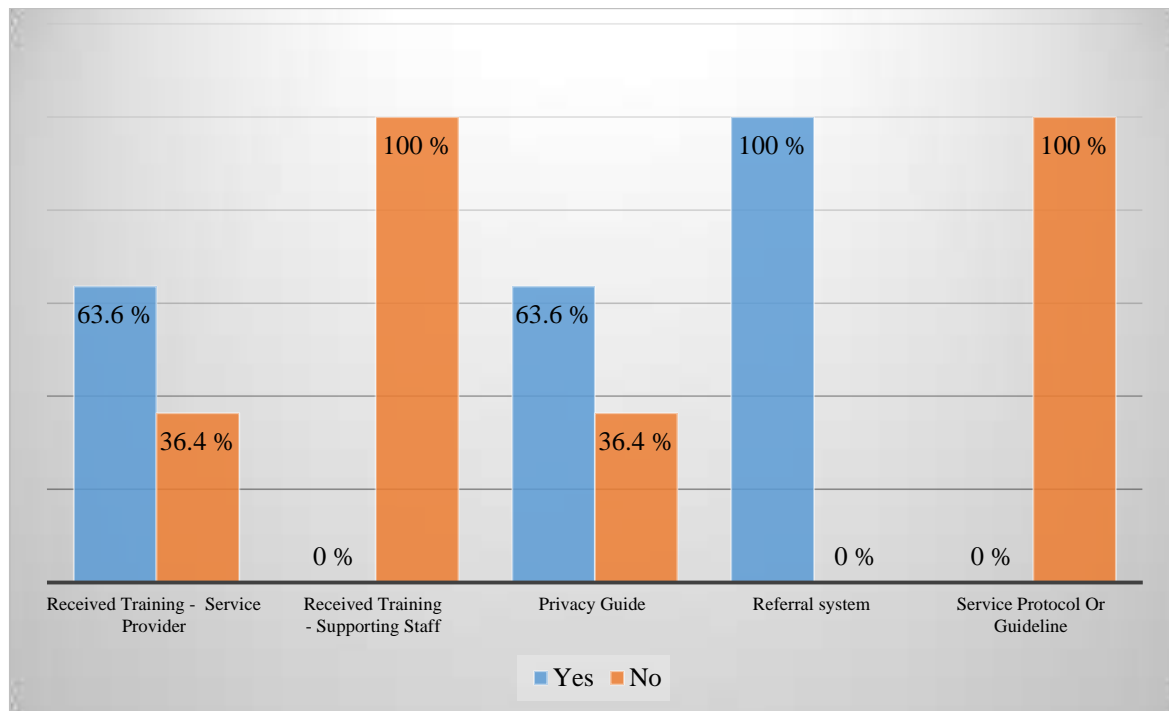


Fig. 4: Adolescent Received Information, Service and Commodities, N = 89

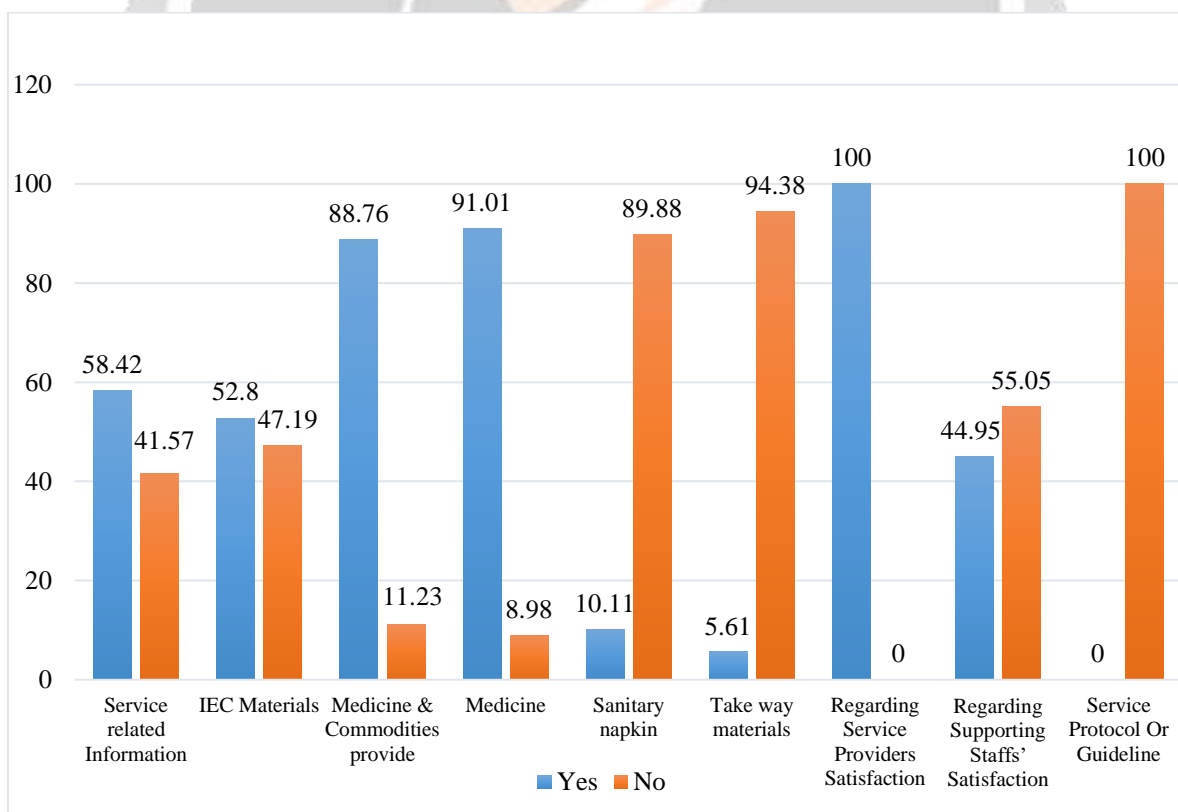
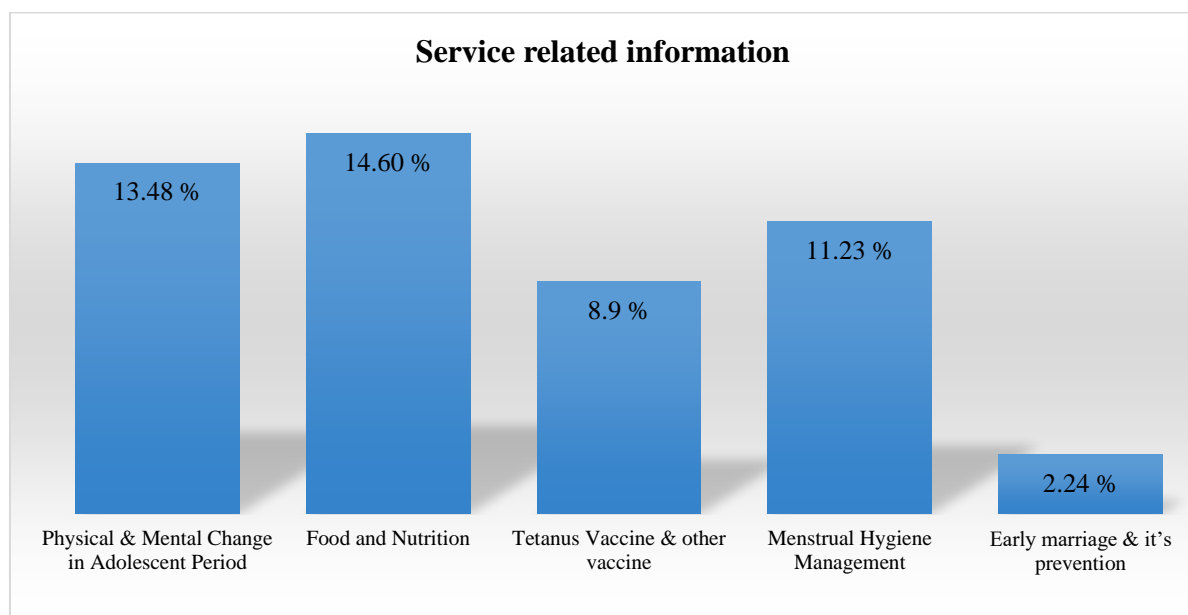
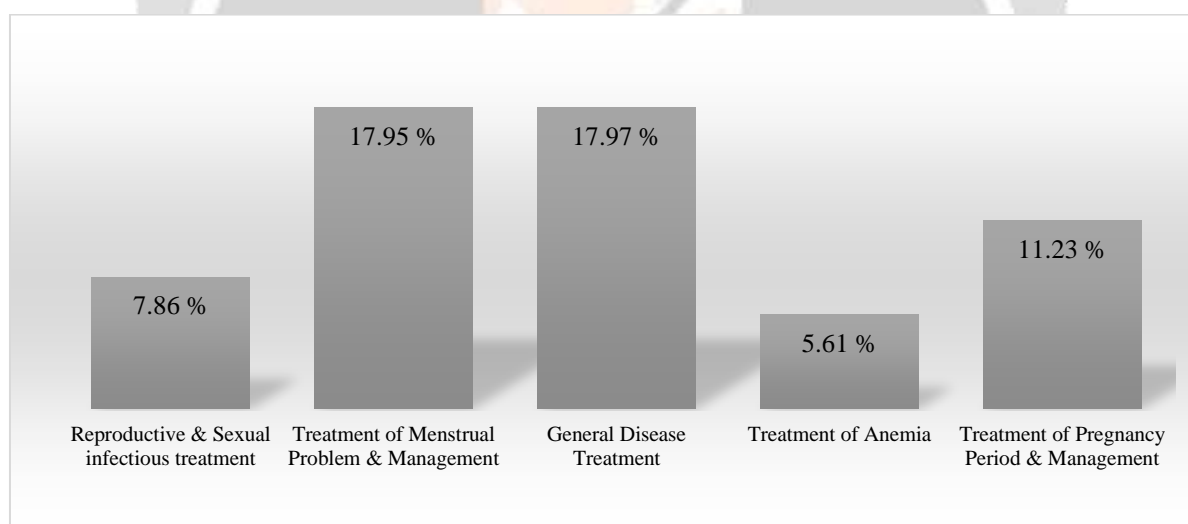


Fig. 5: Adolescents received Information (Multiple Yes ans.), Adolescent Data, N = 89**Fig. 6: Adolescents appear with common Health problems (Multiple Yes ans.) Adolescent Data, N = 89**

ETHICAL ISSUES

First ethical clearance was pursued from DGFP to conduct the facility observation.

LIMITATIONS

Due to time, resource and financial constraints only few facilities were observed.

CONCLUSIONS

This study was carried out to assess the Adolescent Friendly Health Centre's readiness and utilization of adolescence friendly health services provided by public health institutions in the community. The Facility readiness of Adolescent friendly services was moderate in this study. Inter-sectoral collaboration, Awareness activities would be strengthening for Community engagement and participation. Health facilities should include adolescents in facility governing management committee. Initiative Communication and collaboration with the community,

different governmental and non-governmental organizations are very important. Training of health care providers and supporting staffs and fulfilling the necessary of medical supplies and materials are important to ensure Quality Adolescent health.

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