

Respectful Adolescent Care – A Must Know Concept

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Currently, there are 1.8 billion, the largest ever population, of young people (age 10-24 y) living in the world [1]. Of these, 358 million live in India. India also has the largest number of adolescents (age 10-19 y) in the world – 243 million. Adolescents are the country's demographic dividend, and constitute 21.2% of the population [2]. It is essential to invest in their health as adolescent health and well-being will determine the future of the nation [3-5]. Adolescents in India face the challenges of socioeconomic disparities, poor access to health services and education, HIV and other infectious diseases, undernutrition, poor sexual and reproductive health, early marriage, gender discrimination, non-communicable diseases, and violence [2,3].

The WHO Global Accelerated Action on Adolescent Health stated that "health professionals should lead the international and national movements in adolescent health care by collaborating with other stakeholders" [6]. Worldwide, pediatricians are the strongest advocates for adolescent health. In 1999, the Indian Academy of Pediatrics (IAP) adopted the age on policy of pediatric care. This policy stated that pediatricians should look after healthcare needs of young people upto and including 18 years of age [7]. This led to the formation of IAP Committee on Adolescent Health and the establishment of Adolescent Health Academy (AHA) in 2000, as a multidisciplinary, speciality chapter of IAP, dedicated to adolescent healthcare.

Adolescence is a transitional phase of life between childhood and adulthood. It is one of the most rapid periods of growth and development. Adolescence is characterized by autonomy bids, greater need for privacy, identity crisis, peer affiliation, experimentation, mood swings, impulsivity, and sometimes conflicts with family. It is an age of opportunity as well as vulnerability. Highly reactive limbic and reward systems with a relatively immature 'control center' – the prefrontal cortex – makes adolescents prone to high-risk behaviors such as drug use, self-harm, unsafe driving, unhealthy media usage and unsafe sexual practices. The lifestyle adopted in this period invariably tracks into adulthood.

Adolescents are known to have poor health-seeking behavior as they may find the current healthcare facilities irrelevant to their needs. Adolescents feel that they are often judged and criticized by adults, and hence, hesitate to approach them for help. Adolescent healthcare providers should be familiar with neurodevelopment and psychosocial changes occurring in this age group. They should have a respectful, empathetic and non-judgmental attitude towards teens.

The existing health services do not cater to the specific problems of adolescents. Moreover, it is a challenge for the health sector to respond to their needs adequately by offering services in a friendly manner in a non-threatening environment. Global research has identified two key common characteristics of adolescent friendly health services (AFHS) as perceived by adolescents. These are protection of confidentiality, and to be treated with respect by the healthcare provider. The key 'friendly' component of AFHS mandates facility-based clinical and counseling services for adolescents, which are:

- *Equitable*: services are provided to all adolescents who need them.
- *Accessible*: ready accessibility *i.e.*, adolescent friendly clinics should be established where they can go without hesitation; for example, it should not be located near labor rooms, integrated counseling and treatment centers, Sexual and Reproductive Transmitted Infections (STI/RTI) center *etc.*
- *Acceptable*: health providers meet the expectation of adolescents who use the services.
- *Appropriate*: the required care is provided and any unnecessary and harmful practices are avoided.
- *Effective*: healthcare produces positive change in the status of the adolescents; services are efficient and have high quality. The right health services are provided in the right way, and make a positive contribution to their health.
- *Comprehensive*: care provision covers promotive, preventive and curative aspects.

According to WHO standards, infrastructure should be clean, bright and colourful; it should be easily accessible by the adolescents (distance and convenient working hours); proper awareness should be created about the clinic and range of service it provides; the healthcare workers at clinic should be non-judgmental and competent health service providers; they should maintain privacy and confidentiality; adequate community awareness should be created about the services provided; and there should be provision for referral from the periphery/community and further referral linkages with the higher facilities and specialty clinics [8].

In clinical practice, pediatricians should incorporate the following changes into their practice:

- Allocate an exclusive day and time in a week to adolescent care
- Explain rules of confidentiality and take assent/ consent from adolescent before history taking, examination and therapy
- Conduct interviews with adolescents and their parents separately, to understand their goals, strengths, weaknesses; and plan further intervention
- Encourage bidirectional communication and practice active listening skills to build a therapeutic alliance
- Examination of a female client by a male doctor to be done in the presence of the same sex chaperon
- Management plan to be first discussed with the adolescents and later with the parents
- Counsel adolescents by providing them accurate scientific information and take into account psychosocial, financial and spiritual needs of the clients while guiding them through the steps of decision-making
- Develop a multidisciplinary team of adolescent friendly health professionals, including psychologist, remedial educator, dietician, gynecologist, dermatologist, psychiatrist and other health professionals

Recognizing the need for a comprehensive program for adolescents, in 2014, the Government of India launched Rashtriya Kishor Swasthya Karyakram (RKSK), a national adolescent health strategy encompassing community-based health promotion alongside strengthening and scale up of adolescent friendly health clinics offering preventative, diagnostic and curative services in six key areas: nutrition, sexual and reproductive health, non-communicable diseases, substance misuse, injury and violence prevention, and mental health [2]. Subsequent reports evaluating the

implementation of RKSK have since identified several barriers to implementation.

Since the year 2000, IAP in association with AHA has conducted many skill- and capacity-building professional training programs and community-oriented activities to promote adolescent health in all parts of the country. Mission Kishore Uday 2013 focussed on comprehensive adolescent health care and Mission Kishore Uday 2018-19 to prevent adolescent suicides are examples of such programs [9]. In 2019, to ensure standardized quality healthcare for adolescents, IAP decided to formulate guidelines on AFHS and management of suicidal behavior in clinical practice. To promote research and disseminate scientific information, Indian Journal of Adolescent Medicine was launched by AHA IAP in 2019.

Active involvement and contribution of IAP members to adolescent healthcare and RKSK would help to ensure universal health coverage for all adolescents. Healthy adolescents would thereby achieve their optimum potential as adults, and contribute to building a strong and prosperous nation.

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