

## Role of Health Workers in Providing Primary Health Care to Adolescents

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### Commentary

Globally adolescents constitute 17% of total population. In India adolescents constitute 20.9% of the population [1]. Globally adolescent reproductive and sexual health is an area of concern due to many socio cultural and health system related reasons. In India as part of National Health Mission (NHM) adolescent reproductive health has been given priority under reproductive, maternal, newborn, child, and adolescent health strategy (RMNCH+A) [2]. In this study authors assumed that health workers could play an important role in providing health services in the community, and were in a good position to address issues related to reproductive health of adolescents. Hence a feasibility study was done to check if female health workers (FHWs) also known as Auxiliary Nurse Midwife could be involved to provide adolescent friendly services for addressing common adolescent girls' reproductive health problems effectively. In this study WHO Adolescent Job Aid algorithms were suitably tailored for the local requirements. FHWs were trained to use those algorithms when they encountered an adolescent girl with any common reproductive health problem. Training was successful in increasing the knowledge of the FHWs about adolescent girls' reproductive health issues. The FHWs were able to satisfactorily classify the common adolescent girls' problems using the modified WHO algorithms. It has been shown in the study that FHWs when trained well could be agents of change especially when it comes to managing common adolescent girls' reproductive morbidities [3].

Even though this pilot study has addressed the feasibility of involvement of FHWs there are other issues which requires mention. From a programme point of view involving FHWs seems to be a workable strategy for many reasons. FHWs are present in the sub center (SC) level, peripheral most public health unit in rural India. As per the Indian Public Health Standards, type B SCs (providing dedicated maternal and child health services) will have two FHWs [4]. Since FHWs are already present in the existing health system so manpower would not be an issue for providing adolescent reproductive health services. It is possible that wherever there are two FHWs, newer ones can be given this responsibility. This is because newly recruited FHWs are relatively young and they can build rapport with adolescent girls easily. Frequently FHWs complain about increasing workload [5]. However, in the light of recruitment of additional FHW workload can be divided and the responsibility to cater to the needs of adolescent girls can be given to newer FHWs. By doing so, workload on a single FHW should not become an issue. Time management requires fine tuning. A dedicated adolescent friendly clinic could be provided at SC level. Also, algorithms could be applied even in field, at the time of domiciliary visits, whenever FHWs encounter adolescent girls having reproductive health problem. This would be more comfortable to those adolescent girls who are shy to come to health facility and talk to

health functionaries. Apart from these, large scale training costs, supervision, and technical expertise needs to be considered.

Another important aspect apart from manpower issue is the acceptability and usage of this service by adolescent community. In the present study it has been observed that increasingly adolescent girls are dependent on medications such as analgesics, a practice often encouraged by their parents and unhealthy eating habits. Adolescents need to be educated about such issues. Through RMNCH+A strategy the NHM has proposed to select and train peer educators (adolescent leaders) at village level who worked closely with the health functionaries, and Accredited Social Health Activists (ASHAs) in creating health consciousness, counselling and behavior change among adolescents [6]. This team could be utilized effectively for addressing such issues related to adolescent health and nutrition. Adolescents need to be sensitized to the availability of such health services and they should be encouraged to utilize.

Even though the present study dealt with reproductive problems of adolescent girls, issues related to adolescent boys should not be neglected since it is also an equally important. Adolescent boys and youth are particularly vulnerable for substance abuse and stress apart from reproductive health issues [7]. Teenage boys are particularly influenced by peer pressure and bear their consequences. Since many young boys in rural India still don't feel comfortable talking to female health workers, male workers must be involved in providing health needs.

The scope of the present study should not be limited to reproductive health issues. It is a known fact that adolescents and young adults are the most stressed out in the present times. For India age standardized suicide rate for males in 2012 was 25.8 per 100,000 population [8]. Adolescent mental health, often neglected both by the community as well as the health system, is one of the areas which requires utmost priority. For instance, innovative strategies like this could be used in providing primary mental health services. If health workers at the primary level can detect stressed out adolescents and ensure that they are given timely support then the objective of such a community experiment will be achieved. The study finding is also relevant for other developing countries with similar health system issues. Authors feel that such health systems research and its implications should be tried in order to address health issues involving adolescents.

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