

## **Role of Community Health Nurse in Adolescent Friendly Health Clinic**

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### **ABSTRACT**

*Adolescent have significant needs of health services. They pose different challenges for health care system than children and adults due to rapidly evolving physical, intellectual and emotional development. Fourteen percent of all unsafe abortions in low- and middle-income countries are among women aged 15–19 years. About 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than are older women. Adolescents tend to delay seeking abortion, resort to the use of less skilled providers, use more dangerous methods and delay seeking care for complications, leads to premature death of adolescent. Developing health worker competencies to deal with the special information, clinical and psychosocial needs of adolescent mothers and ensuring that the legal and policy environment enhances access to the care for adolescents need. To improve the quality of life of the adolescent many country adopts various policy and protocol. In India through Primary Health center, Community Health center, and Sub Health Center, Adolescent Friendly Health clinic is conducted, to improve the quality of the life of adolescents.*

**Keywords:** *Community Health Nursing, Adolescent Education, Health Care's System, Health Care Clinic.*

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### **INTRODUCTION**

Health is wealth. Adolescent health contributes to our Nation's wealth. Healthy adolescent make healthy India. Adolescents are the young people between the ages of 10–19 years. The world adolescent population 225 million adolescent comprises 22% of India's total population. 12% are in the age of 10–14 years age group, 10% of them were in 15–19 years of age group. Female comprises 47% of adolescent population and 20% of the total adolescent female married between her ages of 15year. They are often thought of as a healthy group. But many adolescents prematurely die due to accident, suicide, violence, pregnancy related, complications and other illness. Many are suffering from chronic ill health and disability. They also suffering from

sexually transmitted infection, including HIV, poor eating and lack of exercise, bad habit like smoking, which leads to illness and premature death in later year [1].

### **Main Health Issues of Adolescents**

In India 11% of all births are in the age of 15–19 years. Poverty in India has been cited as a cause of early marriage. Girls who marry earlier are less likely to be informed about reproductive issues and because of that pregnancy related deaths are known to be leading cause of mortality among married girls in this age group. Adolescent HIV /AIDS are a separate epidemic need to be handled and managed separately. NFHS2and NFHS3 statistics states that over 35% of all reported AIDS cases in India occur among young people in the age group of 15–24 years, and 2

million adolescents are living with HIV and other infections like meningitis, respiratory tract infections. Which are the top 10 causes for adolescent death between 10–19 years of age? According to the American Academy of Child & Adolescent Psychiatry, depression can cause problems such as difficulties in school, difficulties with relationships, and general decreased enjoyment of life. At its worst, depression can lead to suicide, one of the leading causes of death for teens in the United States. Depression is the major cause of illness and disability among adolescents. Suicide is the third cause of death. Unintentional injuries leading to death and disability among adolescent. Many adolescent youth are homeless. Most of the adolescents suffer from malnutrition and anemia. Ill health during adolescent has profound implications for maternal, prenatal, neonatal and infant mortality [2].

### **Factors Influencing Health and Wellbeing of Adolescents**

- 1) **Environmental Factors:** Adolescents are aware of the importance of their immediate environment. Nearly 50% of the respondents to the WHO global consultation indicated that they received information about health from their family.
- 2) **The Physical and Biological Environment:** In addition to the social environment, the biological environment (*e.g.* prevalence of malaria, water-borne helminthes or HIV) and the physical environment (*e.g.* housing and pollution) are also critical determinants of adolescent health. These may have differing effects on adolescent girls and boys.
- 3) **Socio Economic Factors:** Improving the socio economic status of the adolescent will be much helpful to change their behavior and attitude.

- 4) **Capacity Building Supporting:** Community-based organizations and local self-government in building the capacity of parents and community leaders to improve adolescent health and development.

### **Health Behavior**

The behavior-determinant-intervention has proved particularly helpful for understanding the links between health outcomes, health-compromising behaviors and underlying determinants (risk and protective factors). Interventions that affect these determinants subsequently influence behaviors and health outcomes. Health sector prioritize and target interventions. Such analysis is essential for identifying vulnerable adolescents and situations likely to increase adolescent's exposure to risk factors.

### **Peer Pressure, Person Related Factor**

Individual characteristics that act as proximal risk and protective factors include age, gender, knowledge, aspirations (for example, a strong belief in the importance of staying at school and self-efficacy (such as the ability to resist peer pressure [3].

### **Poor Knowledge and Lack of Awareness are the Main Underlying Factors**

Adolescent mothers often lack knowledge, education, experience, income and Power relative to older mothers. In some cultures, they may also have to bear the effects of many judgmental attitudes, making an already difficult situation even worse. Information about the signs of complications should be disseminated widely to pregnant adolescents and the community at large, so that everyone knows when a situation is an emergency and what to do [4].

## **Purpose of Adolescent Friendly Health Services**

### **1. To Improve Reproductive Health Status of Adolescent Girls and Boys.**

Skilled health workers need to be able to provide a range of services in outpatient and other clinical settings that will help save the lives of pregnant mothers and their babies. Although the content of these services is similar for adolescent mothers and older mothers, health workers need to be able to work with adolescents and know how to respond to their specific health needs.

### **2. To Increase Utilization of Reproductive Health Services by Adolescent Young Boys and Girls.**

To provide adolescents with an early start to antenatal care and to options for continuing or terminating the pregnancy—adolescents tend to delay seeking abortion, resort to the use of less skilled providers, use more dangerous methods and delay seeking care for complications. To be alert to special problems that require particular attention among adolescents, including anemia, poor nutritional status, malaria, HIV and other sexually transmitted infections and access to services for preventing the mother to child transmission of HIV.

## **Objectives of Adolescent Friendly Health Clinic**

1. To reduce teenage pregnancy rate.
2. To reduce incidence of anemia among girls.
3. To improve mean age at marriage.
4. To reduce number maternal death among teenage mothers.

## **Functions of Adolescent Friendly Health Clinic**

### **Counseling Services**

Counseling services for adolescent on important health areas such as nutrition,

puberty, RTI/STI prevention and contraception and delaying marriage and child bearing are being provided through recruitment and training of dedicated counselors.

### **Commodities Available at AFHC**

Commodities such as Iron & Folic Acid tablets and non-clinical contraceptives are also made available in the clinics for the adolescents.

Capacity building of service providers in the six thematic areas is vital for effective and successful implementation of AFHC. Supplementation of Albendazole, tablets, supplying of sanitary napkins, Medicines.

### **Information at AFHC**

Posters, booklets, pamphlets and visual materials on nutrition, Menstrual Hygiene, personal hygiene, ill effects of substance abuse.

### **Curative Services at AFHC**

To delay first pregnancy, decrease teenage pregnancies and meet contraceptive needs of adolescents is an important mandate of the Adolescent Health Program. Counseling on contraception and provision for emergency contraceptives and reversible contraceptives to prevent unwanted pregnancy and to delay teenage pregnancy will be provided at the AFHC.

The pregnant adolescents are guided for early antenatal registration and ensure institutional delivery in order to prevent antenatal and postnatal complications. Outreach activities on Village Health and Nutrition day and health education sessions in school and community on appropriate age of marriage and adverse health consequences of teenage pregnancy are also organized. - Reduction in maternal deaths among adolescent girls- AFHC provide management of anemia through iron supplementation and nutritional

counseling. Through appropriate health facility referrals, early and safe abortion services are provided to adolescents.

Reduction in incidence of sexually transmitted diseases and proportion of HIV positive cases in adolescents- Trained Medical officers at AFHC provide early treatment of common Reproductive tract infections / sexually transmitted infections. The health functionaries will ensure confidentiality, treatment compliance, partner management and follow-up. Linkage and referral to ICTC facilities is established to prevent HIV infections. Management of menstrual disorders, addressing sexual concerns of adolescence is ensured at appropriate level of facility.

Treatment of severe malnutrition and anemia. Treatment of common RTI/ STI. Treatment of menstrual disorders. Management of depression and other mental health services. Treatment of non-communicable diseases and other ailments. Management of substance abuse or misuse Treatment of non-communicable diseases such as hypertension and other cardiovascular diseases. Other services include Outreach services. School Health Services Adolescent health program Early AN registration Early Institutional Delivery and Early and safe abortion [5].

### **Role of Community Health Nurse in Adolescent Reproductive and Sexual Health**

- 1) Organize and conduct school health service on every Thursday.
- 2) Adolescents are not only a challenge but also an important part of the solution; they should be involved in all stages from conceptualization, design, implementation, feedback, and follow-up. Programs should be designed keeping in mind the needs of adolescents

- 3) Conduct focus group discussion to create awareness among them, by dividing two groups. One group will discuss and other group will watch the discussion.
- 4) Providing adolescent friendly services.
- 5) Provide adolescents with health services and commodities in appropriate settings and according to their need to achieve defined health outcomes; making health workers and support staff adolescent friendly, making service-delivery points appealing and user-friendly, promoting adolescent demand for health services and commodities they need; and providing community support for their provision.
- 6) Prepared and giving valid IEC materials.
- 7) Approach of community health nurse must be flexible. Men, parents, mothers-in-law and other decision makers at the household and community level should be involved to ensure their support and acceptance for pregnant adolescents. This includes ensuring home-based care practices before, during and after the pregnancy and the timely use of services and skilled birth attendants.
- 8) Maintaining records and reports.
- 9) Community health nurse must be punctual and regular.
- 10) Privacy and confidential policy displayed and clearly expressed.
- 11) Client records kept out of reach of unauthorized persons
- 12) Do the referral services if necessary

### **CONCLUSION**

Adolescence is a critical transitional period that includes the biological, psychological changes taking place, they are attaining puberty. They are also having the feeling of independence, and normative experimentation behavior. This leads to get all kind of adolescent health problems.

They are in need of constant motivation. The awareness of health problems, knowledge about the availability of health service and nonjudgmental attitude of the community health nurse can bring lot of changes in the quality of the life of adolescent girls in India.

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