

Adolescents Health Charter of Demands

2020

Under Program

**Adolescent Responsive Health Care Service: An
Urban Surat pilot Initiative**



(Surat Municipal Corporation & UNICEF initiative implemented by UHCRCE & city partner organizations)



Background & Process

WHY?

Adolescent Responsive Health Care Service - An Urban Surat pilot Initiative is pleased to generate the “Adolescents Health Charter of Demands”. It’s a comprehensive document of adolescents’ needs, concerns, vision and expectations for the “*Swastha (Healthy) Surat*”. The Charter of Demands intends to act as a guide for city to achieve the goal of adolescent responsive systems.

WHO?

This is the first health specific charter generated ‘by the adolescents for the adolescents’, facilitated under initiative by Surat Municipal Corporation (SMC) and UNICEF, being implemented by UHCRCE. This charter of demands will be eventually shared with health and allied departments of SMC, adolescents health technical resource group, public representatives and NGOs of Surat city.

HOW & WHEN?

At a pilot stage, this charter has captured the views of adolescents by and large from interactions from South Administrative zone (Udhna) area of Surat city. This must be viewed as the beginning of adolescents’ participation in health system. In next phase, the process can be scaled up to city level. The iterative process of charter preparation (2019) involved





- 15 empirical participatory interactions with 150 adolescents with the help of 15 city institutions (schools, Special Children’s institutions, Anganwadi, NGOs & CBOs).
- Adolescents (45) visit to Vijayanagar health centre
- Call for demands under city event of Child Rights Mela
- Suggestion box kept at Vijayanagar health centre
- Insights from Multi-indicator cluster survey (MICS) with adolescents sample (n=367)
- Adolescents specific secondary data analysis

The charter ensured participation of boys and girls, early and late adolescents and in-school, out of school adolescents as well as those with special needs. The focus was on urban poor adolescents. In next phase of city-wide charter, there is a scope to involve adolescents from different zones and social strata.

The data were analyzed thematically through consensus coding by the programme team. Demands were arranged and documented in relevant themes and subthemes.

WHAT?

Scales at which adolescents raise their demands –

			
Healthcare facilities	Family & Neighborhood (Community)		Schools & City

Demands at all three scales fall into thematic matrix of 4Es – Engineering, Enforcement Education and Engagement

Engineering This category talks about demands related to infrastructure, equipments, operations, technology, sanitation & climate etc	Education This category relates with capacity building in terms of knowledge, skills or attitudes
Enforcement This category talks about employing rules and regulations, implementation of legislations	Engagement This speaks about engaging adolescents as representative of citizens

“Adolescent Responsive Health Care Service- an Urban Surat pilot Initiative” is hopeful that this advocacy document becomes preliminary pioneering step for inclusion of adolescents’ voices into city health planning and governance.



My Health, My Demands

A Demands *for* healthcare facilities

1 Make the Health Services Accessible

- Urban health centers (UHCs) should be friendly to adolescents where they don't hesitate to go and receive holistic primary healthcare services. Current image of UHC is "the place for treatment of sick person". The same image of UHC persists even for ARSH centers. Private healthcare services were preferred even among the less affording groups.
- Adequate number of UHCs as per population must be there.
- Location of UHC should be familiar to residents of the area. Very few adolescents were aware and could mention the name of nearby health center.
- Visible sign boards showing the name and location of UHC must be displayed in area.
- Health services, programs and health schemes should be more effectively informed to community by outreach workers.
- Adolescents' health services should not be restricted to Rashtriya Bal Swasthya Karyakram (RBSK) program. There should be mechanism to link in-school/ out-of-school adolescents with adolescent responsive UHCs. For example, there are 18 schools and 33 AWCs near (pilot study area) Vijayanagar which can be easily linked with UHC.
- Information of public or private health facilities for issues like sexual health, deaddiction, nutrition education, mental health problems – must be provided

2 Ensure Adolescent Friendly Ambience

- Hospital campus should be without suffocating and stinking smell of medicines
- Adequate and interesting health education material must be displayed in waiting area. Pictorial material can be more as adolescents are interested in comic books, cartoons etc. The LCD display of educational videos will also be helpful.
- Health centre animated map can also be shown through video at entrance.
- Life skills, vocational skills, yoga, nutrition education, art competition events can be arranged at UHC along with health check-up.
- Waiting time should be less as it feels boredom to wait for hours.
- In hospital queues, the preference should be given to those who are relatively sicker, physically challenged personnel, babies, pregnant women and senior citizens. There can be separate queues for them. Patients also need instructions to follow the queues.

- Display and follow the instructions at every level of healthcare facilities – like No smoking or consuming tobacco, No honking in health center area, No spitting at corners of the walls, Telephones and mobile phones should be kept on silent mode
- Health centre timings should be extended in evening so that it becomes suitable for working parents. Health checkup camps or health centre timings must be appropriate to daily routine cycles of adolescents. Many adolescents girls dropped out of schools often help their parents in economic activities. For example, 7 out of 25 Out of school girls from Panas AWC help their mothers who are housemaids. Adolescent specific health check-ups can be organized with separate time slot for them.
- If responsive services are available, adolescents are keen to utilize the service. In UHC visit of adolescents organized under program, there was no refusal for getting health check-up done within health centre. In fact, adolescents wanted the blood tests and diagnosis facilities for themselves.

Box 1 – Health seeking behavior of adolescents: Representative responses

If I have an illness, what I choose?

I immediately tell my mother, she goes to nearby medical shop & bring medicine for me

My father takes me to civil hospital because its cheaper for poor people and doctor there knows me and treat me well. All medicines are available and bed is also available if someone has to be admitted. But waiting time there is too much and its boring

It has never happened that I don't reach for treatment place. Our area has many small private clinics.

My father takes me to private hospital. It is clean and they give more effective medicines. Doctors behave in a friendly way with all children

If I get injury or periods problem, my mother takes me to nearby Mithikhadi health centre. Nurse ben over there talks well to me and give me all the information.

Box 2 Barriers to access health centers - Listing & Ranking

<i>Barrier</i>	<i>Rank assigned by adolescents</i>
<i>We don't know where is health centre located and what are its services</i>	<i>1</i>
<i>Health center is far from home; Health centre should be present within 1 km area</i>	<i>2</i>
<i>Have to wait in long waiting queue for the consultation</i>	<i>3</i>
<i>Treatment given is mostly based on Doctor's clinical examination</i>	<i>4</i>
<i>Staff behavior is not satisfactory</i>	<i>5</i>



3 Clean & Green Healthcare facilities

Note – Demands in this section were mainly for hospitals rather than UHCs

- Cleanliness at hospital should be maintained.
- Mop for cleaning should be frequently changed
- The use of phenyl should be mandatory for floor mopping
- Flies and mosquitoes should not be there in campus and wards
- Green (wet waste), Blue (Dry waste) and Red (Medical waste) Dustbins should be present.
- Clean and separate (male-female) toilets should be present
- Hand-washing instructions should be displayed.
- Clean drinking water should be available
- Tree plantation at campus can be carried out to make it beautiful

Box 3 – We asked adolescents – “What’s your understanding of Health and being healthy?” Here’s what they responded –

We are healthy when-

- We are not sick and bedridden
- We don’t have to visit hospitals frequently
- We feel well
- We eat healthy food on time, we eat protein-vitamin rich food, green vegetables, we don’t eat street junk food, avoid oily food, drink clean water
- We get enough sleep, follow daily routine, watch less Television or mobile
- We take daily bath, wash face frequently, maintain personal hygiene
- We carry out daily exercise, yoga, we play enough outside
- We maintain cleanliness at home and surroundings, when people stop defecating in open, spitting is prohibited
- The mosquitoes and flies are absent in surroundings, the public places are garbage free, the water logging in monsoon is prevented, people stop polluting air with fire-crackers, trees are planted

This reveals –

Adolescents’ response though matches with traditional definition of “absence of disease as health” but their elaboration is in congruence with the broader definition by WHO - “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” It equally covers preventive and promotive aspects of health.

4 Friendly Behavior of Doctors and Staff

Note – Demands in this section included doctors at UHCs, hospitals, private clinics, paramedical workers, school health program doctors and community outreach workers.

- Urban health centre staff should be timely present.
- Doctors and nurses should give proper time in check-up, the conversation should be comfortable and they should not shout.
- Doctors should not only check or ask questions on basis of symptoms shared by adolescents. They should perform complete health check-up not to miss any health problem
- After health check-up, individual feedbacks and counseling should be done. Doctors need to explain about health problem after check-up. Even if results are normal, they should explain what does that mean. Interest and trust is lost if adolescents are not explained about their check-up.
- Adolescents endorse the access of routine RBSK camps happening in school. However, they didn't get feedback on their weight-height status. They also are often clue-less about the tablets like IFA or injections are given.
- Medicine prescription should have guidelines for dosage and pharmacist should explain it clearly to patient when it is dispensed.
- Injections, vaccination or dressing should be carried out comfortably and sensitively because adolescents already carry fear of injections.
- Hospital doctors should take extra precautions and avoid carelessness during surgeries and delivery of babies.
- The health centre should have a lady doctor so that girls and women can openly discuss their problems.
- During home visits, outreach workers should explain the purpose of questions they are probing, they should include adolescents in their work agenda, listen actively to and guide properly. They should keep problems confidential.
- Capacity building of UHC staff to deal with adolescents must be further built. During Adolescents-Medical Officer (MO) interaction arranged under program, the questions asked by adolescents were addressed by UHC MO however, more communication skills and provision of in-depth information was expected to adolescents as per their feedback.

Box 4: Adolescents Introduction Visit helped them to build long term rapport with UHC

Khushbu is 16 years old girl residing in Mahakalinagar of Udhna. She is dropped out from school after 8th standard due to her household financial conditions. She currently looks after household chores and helps her mother in Saree embroidery work at home. Khushbu learns computers in a nearby class run by NGO.

Khushbu had never visited any primary health centre nearby and didn't even know where it is located. She knows ANM ben who visits their locality for pregnant mothers check-up but didn't know from where she comes. According to Khushbu, monsoon waterlogging brings many infections in their neighborhood. But, khushbu and her family prefers to visit nearby private doctor as the clinic is in vicinity and is open till night. If something severe happens, they go to civil hospital.

Through NGO, Khushbu had a chance to visit Vijayanagar UHC first time and understand what it is. She could interact with lady medical officer. She had some doubts about irregularity of her menses and medical officer cleared it very well. Khushbu found medical officer approachable and answered her queries well.

Two days after visit, Khushbu proactively took her mother to Vijayanagar UHC. Her mother often suffers with abdominal pain and some skin infections. Khushbu found it quite convenient to discuss these issues with lady medical officer. NGO workers during this, regularly followed up with Khushbu and encouraged her to complete treatment.

Three friends of Khushbu from same basti were also linked to civil hospital as suggested by UHC, with facilitation of program and NGO staff. Linking case with NGO working in area for regular followup and compliance can be helpful.

5 Adequate and Quality Services at Hospitals

- Adequate beds should be there in hospital as sometimes patients don't get admission immediately because of lack of beds. Extra beds should be available during raining season, as many cases are admitted in this duration.
- Doctors should ensure disposal of medicines with finished expiry date and the used syringe
- There should be one extra doctor available in the case of emergency
- Blood bank should be available in the hospital premises.
- Advanced laboratory tests should also be done in Government hospitals
- Junk food should not be sold in hospital canteens. Food in hospital should be healthy, tasty and prepared in hygienic way.
- The charges of treatment and medicines must be reduced for adolescents in private hospitals.
- Patients with critical condition should be first treated in priority and then charges can be collected in private hospitals.

6 Adequate and Quality Health Services at community level

- Health check-up camps need to be organized for women and kishori (adolescent girls) in neighborhood regularly. Existing schedule of ICDS Anganwadi camps can be linked with UHC
- Adolescents consider monsoon (July-September) as the season where most health problems occur. Nurses can arrange detailed education sessions in monsoon for preventive measures for diseases like Dengue, Malaria, Chikunguniya, jaundice, food poisoning, stomachache, – tips like mosquito repellents, mosquito nets, keeping food covered, drinking boiled and filtered water, not eating previous days food, not playing in rainwater and mud, changing the water in cooler on time, not eating outside food, drive bikes slowly during rains, not skipping medicines even if you don't like the taste, follow healthy food routine, wearing monsoon appropriate clothing
- Adolescents, especially boys, have many questions about how to get rid from substance addictions (Mava, Vimal, Tobacco, Bidi, Cigarette, alcohol). De-addiction awareness and education camps can be organized at community level.
- Sanitary pads should be available for girls and girls-mothers should be educated to use pads
- Blood collection report should be given back when nurse / worker takes sample from house. If people don't get feedback, they go to private clinic for confirmation.
- Adequate Medical shops should be present in neighborhood/ at urban health center
- Every child from school and dropped out from school should be covered in preventive services like vaccination and nutrition supplementation.
- Regular/ yearly health and nutrition check-up records should be available with families too.
- NGOs and motivated AWCs can well mobilize adolescent girls and boys within community
- Adolescents are prepared to participate as volunteers in health centre activities like community camps and such opportunities must be created.

Box 5: Key health demands by Adolescents with Special Needs

Three deaf and mute adolescents out of group of 25 were victims of dog bites last year. They reported how stray dogs population is rampant in their basti and how their barking and biting creates panic in general. Deafness make them more vulnerable as they can't listen barking and they even can't shout easily for the help.

12 years old Sabah was blind since birth but her interest is strong in serving for mankind. She dreams to be a social worker to make difference in harmful habits of use of drugs, Pan,

Mava, and Tobacco for prevention of cancer. The major worry Sabah feels for citizens in her neighborhood. She herself tries to convince them how it can cause oral cancer. She wants Government to ban tobacco fully.

Physically disabled adolescents need access to health care services. Absence of ramps, functional lift in public and private health and medical care institutions as well as public places like malls, theatres was their major concern. They appreciated the availability of ramp in nearby Umra UHC. They make use of it. A fast track system of queue for case paper and OPD cases for disables is an add on demand.

Safe roads for people with disability for prevention of accidents was voiced out. Support system for crossing the roads as either they can not see/ hear/ walk. "It is impossible to cross roads" according to many of them because of rash driving and they need assistance at every step. Adolescents with deafness also complain about honking because the high decibel sounds their ears can hear and cannot bear.

Demand for equal professional/job opportunity to work and serve the society. They have special talents, for example, one of the blind teenager. In keenly aspires to become physiotherapist. Deaf and mute adolescents effectively communicate with each other through video calling technology. Drawing, music talents of physically challenged adolescents were noteworthy. Many of them would like to contribute in society especially for other people with special needs. This pool of enthusiasm can be captured as a resource for a healthy city.

B Demands for families & neighborhood (community)

- "We understand, but our parents don't" – one of the prominent opinions emerged during interactions. Parental education and skill building, joint trainings was demanded for topics like menstrual hygiene management, nutrition education, road safety, mental health and life skills etc.
- Parents need to be explained why medicines must not be purchased casually from medical shop (Over the counter purchase of medicines)
- Ban on rash driving by youngsters as it causes accidents and injuries, especially to the younger children
- Cleanliness drives to get neighborhood free from garbage and plastic
- Separate toilets and bathrooms at public place for children and adolescents
- Some areas in Surat have bad reputation as 'unsafe' areas because of crimes like theft, street fighting and quarrels, drunkard men and overcrowding. Government should provide security guard in every school and neighborhood. Police station should be

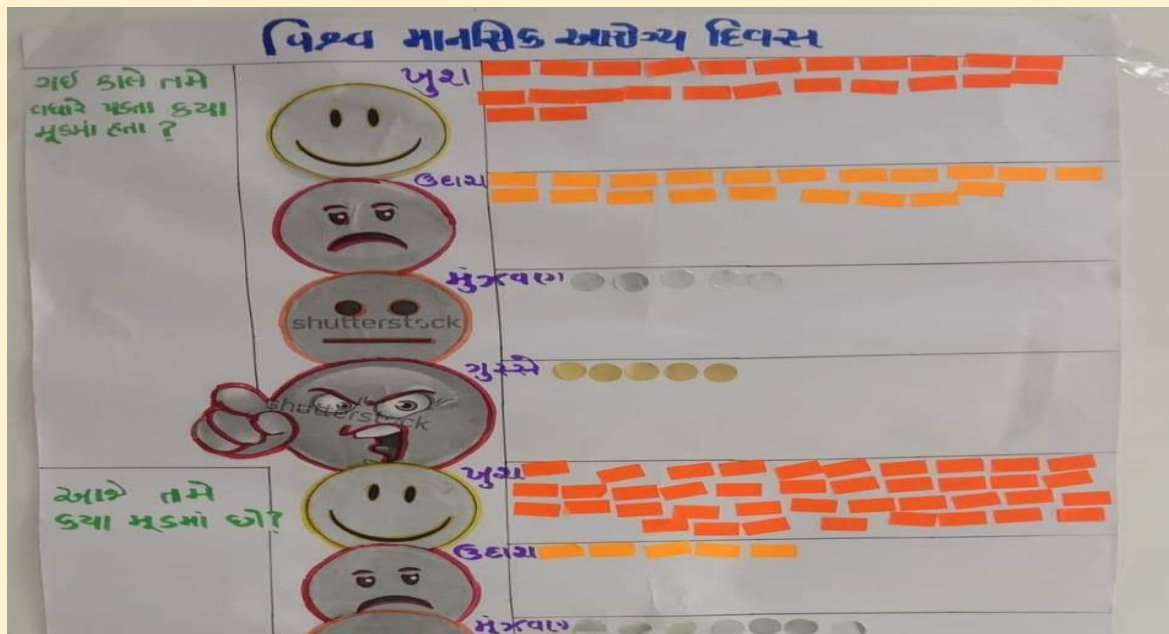
nearby without any corrupt officers, good counseling services for criminals. Even if children have to visit health centre or Anganwadi, they cannot go alone if parents are not accompanying.

- Some spots within neighborhood are known as “drunkard and gambling spots”. Women, girls and ANMs have to avoid those lanes and take other safer routes. There should be police regulations to prevent such activities.

Box 6: Adolescent mental health- field narratives (representative)

What emotion you were having yesterday?

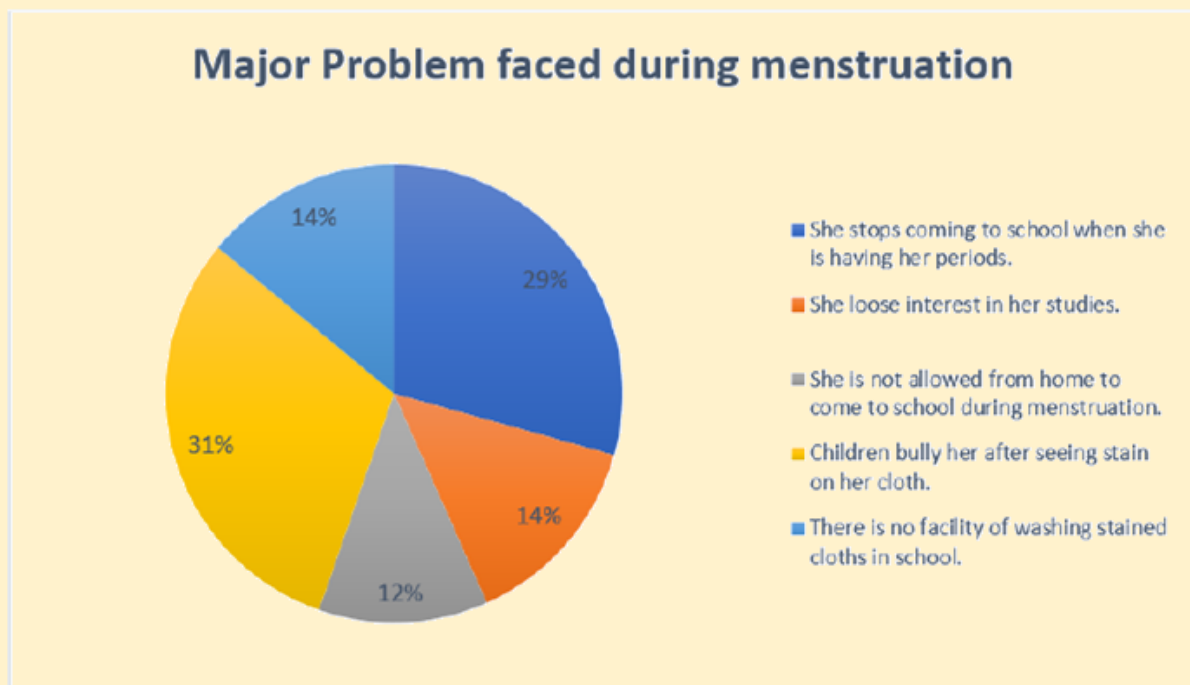
1. “Semester exam pressures are much and I am stressful. For academically weak students in my class, there should be special teaching so learning becomes fun for them. Teacher should not ignore them and give everyone equal opportunity. For person like me, who often ranks first, it’s not easy too. My father always wants first rank and I have to compete with my friends only. There should not be pressure by family. Also there should be students helpline during exams” – Yasmin (14)
2. “My sister is not behaving properly at Home. She is in 10th standard and a boy is behind her. Me and my parents, found it due to a text message she has sent from my father’s mobile phone. My father lost his temper and about to beat her. Me and my mother saved her and asked her to refrain immediately from talking with him. But she is adamant and doesn’t listen to us. I even told her that next time, if caught, you will not be spared. From this day, I personally drop and pick up her in school. She wants to do fashion designing course but we won’t allow if her relation with that guy continues. We are clueless how to go about it.” – Arun (19)



Box 7: How do the demands for safety for an adolescent intersects demands for health?

Vimala is 13 years old and studies in 8th standard in Municipal school. She resides in Limbayat area. She and her friends, call “Limbayat” as one of the most “dangerous” areas of Surat which is in news for the cases of theft, violence, and abuse. Keeping weapon is common here – Vimala and her friends explain. There are pockets where alcohol drinking and gambling is common. Missing children is also routine. We friends together go to school and come back. Health centre of Maruti mandir is old and well known. But, my mother feels that it’s not safe to walk till health centre from my house which takes around 10 minutes. For common cough-cold or menstrual problems, better I go with my mother to private clinic located in my basti lane. Another advantage of this clinic is its shutter is open till late evening and we can go anytime. I wish our locality could have been safe, green and beautiful like Vesu area so we could have roamed easily.

Box 8 – Menstrual Health and hygiene education



Interactions with Municipal school teachers (N=14)

Adequate WASH facilities are school, teachers training for dialogue with girls, emotional, academic support and peer support building in schools, life skills education inclusion in curriculum in context of MHM, dialogue with parents – were some of the demands for menstrual health.

C Demands for Schools & City

- Yoga classes and centers across all zones should be there
- Art centres should be present where children can paint, craft, sing, play music, and dance
- Playgrounds, sports grounds and gardens, safe and accessible to all – should be there
- Less stress of studies and education to be ensured. Adolescents weak in studies are often getting scold for poor performance. Adolescents good in studies also have pressure to carry their rank and competition with others. Counseling and ways to deal with academic stress are needed.
- Adequate toilets, hand-washing in schools
- Regular Physical Training and Yoga classes in school should be arranged by health centre.
- Strict checking of schools infrastructure which can cause injuries and accidents like electric boards, lights, fans and other sharp objects. Boys and girls should get education about adverse effects of early marriage and pregnancy. They should have place for counseling and support to stop the marriage.
- If anyone gets married before turning 18 year old then legal action must be taken against them. Early marriage and pregnancy is not good for the girls.
- The vehicles just outside the school area must drive slowly.
- Regulations for ban on under 18 driving to prevent the accidents
- Footpath near schools to prevent accidents of students. Bikers and auto rickshaw drivers should not drive over footpaths, parking and vendors should not be allowed over footpaths – there should be strict regulations.
- People should not be allowed to drink and drive
- Ambulance 108 is accessible easily on a single phone call. But it must reach every area of Surat including interiors and immediate treatment to needy must be started. Vehicles should clear the traffic for ambulance.



