

Managing Health of Young People by Involving Community: Lessons from the “Aadhar” Experiment

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In India, adolescent and youth; i.e. young people (10-24 years) comprise a sizable one-third of the total population. A large number of them are out of school, get married early, work in vulnerable situations, are sexually active and exposed to peer-pressure. These factors have serious social, economic and public health implications. Variations in social, economic, cultural, and geographic factors influence their access to health services and further aggravate the problem. Use of available health services is further inhibited because of the absence of friendly staff, inconvenient working hours, and lack of privacy and confidentiality that young people face. If India is to achieve the targets set under NRHM and the MDG's, there is need to ensure that access of young people to friendly health services is addressed well in time.

The present paper focuses on understanding the major health issues and concerns of young people. It examines their access to and use of services for selected health problems. Additionally, few recommendations are suggested for further action on health service delivery for young people, which focus on their specific needs and concerns.

The paper is based on the experience of the field project known as “Aadhar” (Foundation). In order to effectively address the health concerns of young people residing in urban slums, the Management Institute of Population and Development (A Unit of Parivar Seva Sanstha) successfully designed and implemented this innovative experiment to provide “youth friendly services” in urban slums by involving the community. *Initial part of this experiment was sponsored by UNFFA in 2005.* The analysis highlights the need for effective community involvement to meet the health requirements of young people, based on their felt needs and concerns, and in a friendly manner.

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