IDENTIFYING BARRIERS EFFECTING YOUNG AND ADOLESCENT MALE ACCESSIBILITY TO SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES IN INDIA

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By

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Under the Supervision and Guidance of

Col Dr Mahender Kumar

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ayushi Uniyal** has completed her internship in **"Health, Nutrition and WASH"** department with IPE Global Limited.

Ayushi Uniyal has worked with us from **March 27, 2024, to June 26, 2024** at **Delhi office**. She has worked well as part of the team and was sincere, hardworking and result oriented. Wishing her success for future endeavors.

Best wishes
For IPE Global Limited

Kavita Fadnis
Vice President - Human Resources

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Identifying barriers effecting young and adolescent male accessibility to Sexual and Reproductive Health (SRH) services in India** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Name of Student - Ayushi Oniyal

Date: 05/07/2024

IIHMR UNIVERSITY

This is to certify that dissertation titled **Identifying barriers effecting young and adolescent male accessibility to Sexual and Reproductive Health (SRH) services in India**is a record of the research work undertaken by Dr Ayushi Uniyal in partial fulfilment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

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ABSTRACT

Title

Identifying Barriers Affecting Young and Adolescent Male Accessibility to Sexual and Reproductive Health (SRH) Services in India.

Background

Sexual and Reproductive Health of young and adolescent males is a critical concern in the Indian society since most males are in their growing age. Thus, while recognizing a high level of SRH need and unmet need for care among these young males, one is struck by the number of barriers that still exist to essentially limit their access to vital care. Concerns arising from the patient's private life for example; privacy, shame, lack of funds and health system barriers further complicate these problems, for the peasantry or persons who are economically challenged.

Objective

To identify the health system barriers hindering access to youth and adolescent male-friendly sexual and reproductive health (SRH) care services in India

To examine the gaps in existing policies and strategies for youth and adolescent SRH services.

Methodology

The study employs a secondary data analysis of articles from a scientific information search in the databases Pub Med, Google Scholar, Scopus and from grey literature from governmental and non-governmental organisations reports. The inclusion criteria will concern research concerning young and adolescent male married and unmarried, of reproductive age (10-24 years) living in India, whether in urban or rural settings. The study includes only the qualitative, quantity and mixed methods design that have been published in the last ten years, which do not meet the objective of the study, or the findings are indeterminate, or the language of the articles are other than English.

Results

The 21 papers included qualitative (3), quantitative (4), mixed methods (2), and review (2); the other type of papers were program and policy reviews (narrative, scoping, and analysis) (10). Summarizing the results gives credible evidence about the main obstacles to young males' access to SRH services and products: insufficient knowledge and skills among providers, contextual non-confidentiality of client-providers' interactions, weak infrastructure, and constrained finances. The reviewed works reveal that there is also a requirement for culturally competent trainings for health care practitioners, enhanced patient confidentiality, as well as raising clients' consciousness regarding the possibilities of utilizing SRH services.

Conclusion

The study reveals the challenges and limitations when it comes to young and adolescent male's access to SRH services in India. Removal of these barriers requires intervention at the health system level as well as in terms of basic health care services, provider education and policies which are sensitive to cultural diversity. Improving access and quality of available SRH services for young males will improve their quality of life and further the goal of diseases and condition free health status within the young male populace.

Keywords

SRH, Adolescent Young Adults Males, Motivators and Barriers, Access and Availability, India, Health Policy, Youth Service, Public Health.

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ABBREVIATIONS

RH	Reproductive Health
UC	Ujala Clinics
MC	Mystery Client
SRH	Sexual and Reproductive Health
WHO	World Health Organization
STIs	Sexually Transmitted Infections
IEC	Information, Education, and Communication
RHR	Reproductive Health and Rights
SRHR	Sexual and Reproductive Health and Rights
AFHS	Adolescent Friendly Health Services
AFHC	Adolescent Friendly Health Clinics
RKSK	Rashtriya Kishor Swasthya Karyakram
ARSH	Adolescent Reproductive and Sexual Health

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- **Passion-** To excel through quality, to delight our clients, and enjoy our work.

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CHAPTER 1

INTRODUCTION

The SRH of the current young people and adolescents is a crucial issue of concern, particularly in the Indian context. (1). This demographic is in a critical stage of growth and development, where proper guidance and support in SRH are crucial for ensuring their overall well-being. According to WHO in India, every fifth person is an adolescent (10-19 years) and every third, a young person (10-24 years) (2). Which means approximately 253 million are adolescents that is 21% of India's population. Access to sexual and reproductive health services (SRH) is vital for sexually active adolescents, yet their SRH care needs are often unmet (2). Adolescents may forego needed sexual and reproductive health (SRH) services due to a variety of concerns and barriers. Previous research has identified common barriers to SRH services among adolescents that include confidentiality, stigma, embarrassment, and fear (3). Additionally, youth also experience challenges concerning the issue of the service delivery and the deficit of the integrated services.

The most common challenge was related to the acceptability of services. Due to the demographic characteristics of the providers and some of their behaviours, youths said they had concerns about confidentiality or had fears of being neglected by providers (1). Perhaps there is a need to address the provider's mindset and issue on confidentiality to enhance uptake. In addition, modification of culture and perception on child and teenage sexuality may be required to get rid of barriers into SRH treatment.

. However, despite evident need, numerous barriers within the health system hinder these young males from accessing necessary SRH services (4).

Economic constraints further exacerbate these challenges. Many young males, especially those from economically disadvantaged backgrounds, struggle to afford SRH services (5). The cost of healthcare, coupled with indirect expenses such as transportation, can be prohibitive. This is particularly pronounced in rural areas, where healthcare infrastructure is often lacking, making access to quality SRH services even more difficult (1).

Further, the public health system in India is challenged by a range of issues including low public investment, poor infrastructure including medicines, diagnostics; inadequate skilled human resources, etc. Additionally, the past decades have witnessed increased privatization and corporatization of health care, and an absence of robust regulation. All of this has caused deterioration in the accessibility, affordability and quality of healthcare, including

for reproductive health needs, creating further social, economic and geographical distances particularly for young and adolescent men.

To access reproductive healthcare and health outcomes in India are apparent for vulnerable groups, as well as between and within states. Even in states where overall averages are improving, some communities, poorer economic groups, young men, and adolescents continue to experience significant disparities in reproductive health. While government schemes offer a wide range of programs in family planning, maternal and child health, and adolescent health, a critical analysis reveals a persistent shortcoming.

These programs often lack a rights-based framework and fail to adequately address the needs of men. Discrimination and exclusion further limit access and quality of care, particularly for marginalized groups. This approach exacerbates existing inequalities in reproductive health and rights (RHR), essentially leaving men behind despite government efforts. (RHR)(6). Indian young and adolescent men perceived that health care providers ignored them, and despite being able to reach out to young men via interpersonal communication regarding SRH, the providers possessed limited knowledge of various contraceptives, as found in one study (4).

The aforementioned data reveal the current state of the nation's unmarried youths' SRH literacy and service availability, which challenges young people's ability to fully exercise their right to SRHR regardless of marital status (7).

Due to prevailing social norms for premarital sex, healthcare providers often feel uncomfortable discussing sexual issues with unmarried young people (8) A study in Senegal reported that even when there were no legal restrictions, providers were reluctant to provide oral contraceptive pills to unmarried young women and advised them against premarital sex (9) In Nigeria, healthcare providers perceived the provision of contraceptives for unmarried adolescents as promoting sexual promiscuity (10).

There is evidence of how providers' negative attitudes towards premarital sex increased difficulties for youth accessing and utilizing contraceptive services (7). Research on providers' behaviour and preferences in India in order to understand barriers in accessing the supply of contraceptives has largely focused on married women. Low contraceptive use among young men calls for understanding barriers they also face in accessing

contraceptives. The present paper explores the health system barriers hindering access to youth and adolescent male-friendly investigate the existing deficiencies and requirements in the juvenile and adolescent SRH policies and plans of states in India, in addition to understand the existing sexual and reproductive health (SRH) care services scenario in India (7).

Aim

This dissertation aims to provide insights into the health system barriers hindering access to youth and adolescent male-friendly services and explore the existing deficits of the contemporary policies and frameworks focusing on youth and adolescents SRH services in India. In doing so, the dissertation aims to contribute to the development of better strategies of SRH policies and programs for Indian young male adolescents, to increase youths' access to minimum necessary medical care and, therefore, improve their wellbeing.

CHAPTER 2

REVIEW OF LITERATURE

S. No.	Author	Title	Objective	Result
1	Radhika Dayal, Mukta Gundi	Assessment of the quality of sexual and reproductive health services delivered to adolescents at Ujala clinics: A qualitative study in Rajasthan, India	To assess the quantitative level of SRH service delivery at AFHCs in Rajasthan, India, the client and health provider's perspective's along with the qualitative analysis according to the WHO's global standards for high quality adolescent friendly health care services.	This paper revealed some areas that needed improvement in the provision of quality service delivery at the AFHCs. Compared AFHCs findings with WHO global standards, which stimulated a need to enhance counsellors', clinic physical, referral services and environment to be non-discriminatory.
2	Surya Bali, Kriti Yadav, Yash Alok	A study of physical infrastructure and	To evaluate health facility and infrastructure	Results showed that there were significant strengths

		preparedness of Public Health Institution for providing adolescent-friendly health services in Central India	infrastructure providing AFHS.	that could be leveraged. The findings also indicated that facilities in districts where the RKSK was initiated had better infrastructure and confidentiality measures but the differences were not statistically significant. Points herein reveal that the commencement of RKSK did not serve to enhance the infrastructure or the general preparedness of the facilities.
3	Hoopes et al.	Measuring adolescent friendly health services in India: A scoping review of evaluations	To describe how efforts to provide adolescent friendly health services (AFHS) in India have been evaluated, their effectiveness, and	It means that evaluations were carried on a program's outputs, and health behavioral outcomes/outputs examples are the use of condoms. Many

			the findings and implications.	reported enhancements in quality and use of the services while some displayed enhanced knowledge among adolescents or change in health related practices. Little attention was paid to the chronic outcomes including delayed age of first pregnancy.
4	K.G. Santhya and S.J. Jejeebhoy	Sexual and reproductive health of young people in India: A review of policies, laws and programmes	To assess the socio-demographic profiles of male and female Master of Ceremonies (MCs) and counsellors, and to evaluate the service delivery and facilities in reproductive health counselling.	average age of female MCs was 21 years (SD 1.09) while male MC's average age was 22 years. 1 years (SD 0. 75). Out of the 11 MC's who responded, 6 were females and 5 were males, one male MC had attained higher-secondary education and the rest has completed their

				graduation. Employed female counsellors' mean age was 28 years, and male counsellors' mean age was 31 years. are 3 years old, and all post graduation in social work or sociology.
5	K.G. Santhya, Ravi Prakash, Shireen J. Jejeebhoy, Santosh Kumar Singh	Accessing adolescent friendly health clinics in India: The perspectives of adolescents and youth	Sexual and reproductive health services for adolescents and youth, and to make recommendations for training healthcare providers.	There was an enhancement on the areas of knowledge of adolescent boys and young men concerning reproductive topics. All the participants expressed improved discussions with their partners on family planning and reproductive health issues. Thus, there was little impact in terms of gender attitudes and fair relationships

				between individuals in the community. These were lack of family support, time constraint because of school or work and cultural taboos which prohibit people from discussing on matters to do with sexual reproductive health and rights. Thus, attracting the attention of young men via CBOs, employ teaching learning methods with peer learning, and incorporating key local champion actors and influencers were established strategies.
6	T Mahalakshmy, K.C. Premarajan	The study aimed to evaluate the adolescent friendly health services (AFHS) in urban Pondicherry, India	The study aimed to evaluate the adolescent friendly health services (AFHS) in urban Pondicherry, India	The work revealed the fact that the level of awareness of adolescent males on the existence of AFHS in the study area was relatively

		from the perspectives of adolescents and health care providers.	from the perspectives of adolescents and health care providers.	low. While 38% of male adolescents indicated that they have heard of the services, 52% of the female adolescents stated the same. For males in the adolescent age group, some of the hindrances included; limited privacy, long hours for service, and perceived arrogance or other negative dispositions of the service providers towards clients. This they preferred to obtain from private service providers or from other sources other than the health center.
7	Andrea J Hoopes, Paras Agarwal, Sheana Bull,	Measuring adolescent friendly health services in India:	The (AFHS) in India have been evaluated, assess the quality of these evaluations,	Thirty evaluation studies were found, referred to either

	Venkatraman Chandra-Mouli	A scoping review of evaluations	and summarize their findings and implications.	government-funded AFHS programs or. All but one study showed a positive effect with regard to quality and use of services and several also documented enhanced knowledge among adolescents or change in their health related conduct. Some of the factors that were assessed had positive results such as higher age when first getting pregnant. The strengths of the existing evaluations were comprehensible objectives, multiple data gathering methods, and focus on the analysis of outputs and outcomes. Shortcomings were insufficient concentration and quality.

8	C. Sivagurunathan, R. Umadevi, R. Rama, S. Gopalakrishnan	Adolescent Health: Present Status and Its Related Programmes in India. Are We in the Right Direction	The article aims to assess the current status of adolescent health in India, evaluate existing adolescent health programs, identify gaps, and propose recommendations for improvement.	Current health intervention for adolescents in India includes immunization, sexual and reproductive health. Fortunately, existing interventions are weak and insufficient since they do not address all the concern of adolescents' health. more health promotional behaviours, the advertising of foods high in fats, sugar and salt, the extension of fertility management and reproductive health, prohibiting early marriages and teenage pregnancy, advocacy for universal access to Adolescent Friendly Health Clinic (AFHCs).

9	Sanjana BRAHMAWAR MOHAN et al	Adolescent Friendly Health Clinics (AFHCS) in India and their compliance with government benchmarks: A scoping review	To assess the compliance of Adolescent Friendly Health Clinics (AFHCs) in India with the benchmarks set by the Government of India (GOI) under the Rashtriya Kishor Swasthya Karyakram (RKSK) program.	A review of studies was provided and this involved 8 papers from the years 2014 to 2022 across the states of India. Key findings: Concerning privacy and confidentiality, 75% of the studies, which are six out of eight, revealed that privacy was not well respected in AFHCs. Incapacity of health service providers to provide services that do not harm and meet the patient's needs was reported in 5 studies. 5 of the studies highlighted poor awareness among the communities on the services provided by AFHC Four papers described problems related to the infrastructure, accessibility, and

				referrals for these services. For 3 studies, it was noted that signage and IEC materials were missing.
10	Susheela Singh, Jacqueline E. Darroch, Lori S. Ashford	To analyse trends incidence in unintended pregnancy with the abortion globally.	To analyse trends incidence in unintended pregnancy with the abortion globally.	Globally, approximately 85 million women experience unintended pregnancies annually of which 42 million have induced abortions, 33 million give birth to an unwanted child, and 10 million experience miscarriages. Contreging the 120 million women in developing countries wanting to space or avoid childbearing, with modern methods of contraception would reduce unwanted pregnancies by 54 million every year

11	Desai Sapna, Pandey Neelanjana, Singh Roopal J., Bhasin Shikha	Gender inequities in treatment for sexual and reproductive health amongst adolescents.	The study also identified correlates of reporting symptoms and treatment-seeking through a conceptual framework exploring factors that influence gender inequities in adolescent reproductive and sexual health.	One-fifth of the unmarried adolescents said they had symptoms of genital infections in the past 3 months. While at least two-thirds of boys asked for treatment, girls on the hand, only one in every four girls did so. The reasons given for reporting symptoms and seeking treatment, and as related to gender, were nevertheless similar for boys and girls in that there was a significant relationship between symptoms of depression and reporting them and seeking treatment. Boys' characteristics highlighted were friends and being in school as determinants for seeking treatment.

				Thus, for girls, mass media and communication with parents about puberty can predispose to seek treatment with higher odd ratio.
12	Rani Alex, Anindita Datta, Shobha Srinivasan, Sanjay Zodpey	To explore the perspectives of adolescents on reproductive health matters in India.	To explore the perspectives and knowledge of adolescents on reproductive health matters in India.	This research observed that Indian adolescents were not well informed about matters of reproductive health; were unable to access information about and services in relation to their reproductive health rights; and were discriminated against with regards to their sexual and reproductive health status. Most of them mentioned that sexuality education and accessible, appropriate health services should be

				provided for young people.
13	Kanesathasan, Anjala; Cardinal, Laura J; Pearson, Erin; Gupta, Sreela Das; Mukherjee, Sushmita; Malhotra, Anju	Catalyzing Change Improving Youth Sexual and Reproductive Health Through disha, an Integrated Program in India	The program aims to address the broader context of young people's sexual and reproductive health in India.	This has been an area of success in improving the knowledge and attitude of the youths to sexual and reproductive health. It has also been able to rise to particular challenges such as sexual maturity, aspects of attraction, human sexual organs and procreation, and options for reproduction.
14	Mahalakshmy T, Premarajan KC	A Mixed Methods Evaluation of Adolescent Friendly Health Clinic Under National Adolescent Health Program, Puducherry, India"	Awareness and utilization of Adolescent Friendly Health Clinic (AFHC) services.	Knowledge concerning AFHC services in the adolescents under study was below average with only 30% of the adolescents having knowledge of the services as was expected. Weekly Iron and Folic Acid Supplementation was well appreciated

				or, in other words, good level of compliance was seen. As for outpatient services for health issues, only 2-10% of them were involved. There was also limited access to AFHC services with only 15% of the girls and none of the boys reporting to have patronized the services. The reasons noted as to why patients rarely sought services from this clinic were ignorance and misconception. Likely, the ways identified by the healthcare providers involve developing a friendly relationship, guaranteeing confidentiality regarding the service and involvement of the school teachers

				to popularise the service among learners. "
15	Jejeebhoy S, Santhya KG	Sexual and reproductive health of young people in India: A review of policies, laws and programmes	To review the policies, laws and programmes related to the sexual and reproductive health of young people in India.	The review found that while India has a number of policies and programmes aimed at addressing the sexual and reproductive health needs of young people, their implementation has been limited. Key gaps include: insufficient enrolment in comprehensive sexuality education, restricted access to contraception services and neglect of the plurality of the young people's sexual and reproductive needs, namely, those of married and unmarried youth. The authors recommend that the sexual and

				reproductive health of young people in India be framed in a human rights perspective.
16	Santhya KG, Jejeebhoy SJ,	Youth-friendly services in two rural districts of West Bengal and Jharkhand, India	o assess the extent to which youth-friendly services are available and accessible to young people in two rural districts of West Bengal and Jharkhand, India.	The study found that the need for multi-pronged efforts to make services more youth-friendly and accessible. however, the provision and quality of those services remained limited. The youth had poor awareness on the services and where they did seek the services, the utilization rate was low. Disappointed barriers that affected intensity of utilization included privacy and confidentiality challenges as well as the attitude of the provider towards the patient. The study also reveals several practices that have to

				be adopted in order to improve, among other things, access to services and the appropriateness of youth services.
17	Dayal R, Gundi M,	Assessment of the quality of sexual and reproductive health services delivered to adolescents at Ujala clinics: A qualitative study in Rajasthan, India.	To explore both the clients' and providers' perspectives using the World Health Organization's (WHO) global standards for quality health-care services for adolescents to assess the quality of the sexual reproductive health service delivery at AFHCs in Rajasthan, India.	The study established: Lack of privacy during counselling to some extent; Limited knowledge with the topical key issues in shRH among the counsellors; AFCs did not have the SECD and IEC materials and tools; Most of the adolescents were not linked to the subsequent level of care; and the socio-cultural teen factor with regard to reproductive health was not quite positive on the side of the adolescent.
18	,Desai S, Pandey N,	Gender inequities in treatment-seeking for sexual	To analyze data of unmarried	Overall, 20% of unmarried adolescents, either

	Singh RJ, Bhasin S	and reproductive health amongst adolescents: Findings from a cross-sectional survey in India"	adolescent boys and girls .	male or female, who responded to the study indicated that they had symptoms of genital infections in the last three months through burning and discharge and such like symptomsA significant part of the boys' friends and school attendance influenced the need for treatment. The probability of seeking a treatment in the case of a health problem was higher among the girls who listened to any mass media and discussed there were cross-sectional differences in the factors for treatment seeking by gender meaning that social structure, and gender roles influence adolescent's health in one way or the

				other. To address them some kind of interventions that improve resources for the female child, increase the female child's social support, and incorporate health systems interventions.
19	Deepika Bahl et al	Adolescent Friendly Health Clinics (AFHCS) in India and their compliance with government benchmarks: A scoping review.	To assess the compliance of AFHCs with the benchmark proposed by the Government under Rashtriya Kishor Swasthya Karyakram.	Adolescent Friendly Health Clinics (AFHCS) in India and their compliance with government benchmarks: It can be a scoping review or name the article type you want to complete. To evaluate the extent of AFHCs' implementation of community-based interventions in accordance with the benchmark defined by the Government under RKSK. In this regard, it is ascertained that

				AFHCs do not completely meet all the recommended benchmarks from the government of India. Findings identified from the primary studies also revealed that the benchmarks require consideration as; privacy was inadequate (six of seven studies), Information Education and Communication materials were unavailable (four of five studies), signages (two of four studies), referral services (one of two studies) and a judgemental attitude by health care providers towards clients with HIV/AIDS (one of three studies)
20	Jayantilal Satia	Challenges for Adolescent Health	The article discusses the challenges and	Adolescent Health Programs: What is Required? It looks

		Programs: What is Needed?	needs for effective adolescent health programs, particularly in the context of India.	into the issues involved in the conduct of adolescents focused health interventions, especially in India. The youths, that hitherto, were assumed to be a healthy bunch, through HIV, teenage pregnancies and other youth related diseases has now dawned on us that adolescent health is a matter of concern
21	Kamath VG, Kamath A, Roy K, Rao CR, Hegde A, Ashok L,	A qualitative study on how adolescent males in South India view reproductive health"	To explore the knowledge, attitudes and perceptions of adolescent males in South India regarding reproductive health issues.	A qualitative study on how adolescent males in South India view reproductive health" The purpose of this study was to assess how much adolescent male knew regarding reproductive health issues and how they felt about it. The study findings pointed out that

				information on reproductive health was poor among adolescents, they did not discuss the issues since they deemed them shameful, lack knowledge.

CHAPTER 3
METHODOLOGY

3.1 Research Question:

How do health system barriers and gaps in existing policies and strategies effect male-friendly sexual and reproductive health (SRH) care services for youth and adolescents in India?

3.2 Objective:

To identify the health system barriers hindering access to youth and adolescent male-friendly sexual and reproductive health (SRH) care services in India

To examine the gaps in existing policies and strategies for youth and adolescent SRH services.

3.3 Hypothesis:

Implementing contextually appropriate and culturally acceptable recommendations, promoting adolescent and youth friendly SRH facilities will contribute to enhanced access and use of SRH services among young adolescent males in India and hence improved health and overall well-being.

3.4. Materials and methods:

- **STUDY DESIGN:** Secondary data analysis retrieved through literature.
- **SEARCH STRATEGY:** A comprehensive search will be conducted in electronic databases (e.g., PubMed, Google scholar, Scopus) using relevant keywords related to SRH, males, adolescents, young adults, SRH Service, Infrastructure and India. Additional sources, such as grey literature and reports from governmental and non-governmental organizations, will also be searched.
- **INCLUSION CRITERIA:** Studies involving Male participants, both married and unmarried, within the reproductive age group (typically 10-24 years).
- Participants residing in India, covering both urban and rural areas to capture the diversity of the population in Indian context will be included. All types of studies

including qualitative, quantitative, or mixed-method designs will be included. Past ten years studies will be included.

- **EXCLUSION CRITERIA:** Studies which do not align with the objective of the study will be excluded. Studies with vague or inconclusive results will not be considered. Studies which are not in English language will be excluded. Blogs, white paper, news reports, editorial and opinion papers will be excluded.
- **SEARCH STRATEGY:** Search on articles related to “India” and “reproductive health” in combination with “men” and “male involvement” and “barriers” and “accessibility” in combination with “sexual health” and “SRH services” and “healthcare” and “health outcomes” will be utilized.
- **PERIOD OF STUDY:** 3 months (27/03/2024 - 26/06/2024)

CHAPTER 4

RESULTS

Total, 21 papers were selected for the analysis. Amongst these; Qualitative studies: 3 (studies 7, 8, 21) . Quantitative studies: 4 (studies 1, 3, 9, 18). Mixed-methods studies: 2 (studies 14, 17). Reviews papers: 2 (studies 12, 19).

Other types (Programs and Policy Reviews: 4, Narrative Review: 1, Scoping Reviews: 4, Review and Analysis: 1): 10. These 21 included studies were described based on the study method, purpose and main conclusions.

Quantitative studies: These were research that sought to establish the readiness of structures and health facilities among other tasks which sought to establish the level of inequalities in adolescent treats seeking for SHR Desai et al Some surveys were cross sectional that aimed at ascertaining the treatment seeking status of unmarried adolescent boys and girls Santhya et al ., Alex et al . Some of the findings of these studies include: They recommended that despite the healthcare centers being almost ready for MB-LHV SRH services for adolescents and youths, knowledge in the regions was poor and female youths less represented than male youths in seeking services.

Qualitative studies: These involved a comparison of the clients and provider's experience and perception of SRH services (Dayal & Gundi), perceptions of adolescents on reproductive health issues (Alex et al.), and Indonesia youth's barriers and enablers to SRHR in different settings (Tirado et al.). The youths had low awareness, shame, and prejudice; seating and stigma and human rights violations were rife; there were limited efficient and good Youth Friendly Services; young people lacked good and proper CSE training.

Mixed methods studies: These included views on limited access to the health services among adolescents in urban Pondicherry (Mahalakshmy & Premarajan) and an avatar response to sexual health concern questions in India's peri-urban areas (Singh et al.). In the studies' results, specific to identifying knowledge of currently available services in the context with adolescent males as well as feasibility of using the web environment to overcome multiple barriers regarding the access to appropriate and accurate sexual health information.

Quality and Barriers of SRH Services

The major issue that counselling experiences today, is encroachment in the client's privacy and or confidentiality when in the process of counselling. The review indicated poor stock and use of IEC information on SRH for adolescents: The study revealed that the SRH knowledge that the counsellors possessed was inadequate: They did not have sufficient knowledge about critical issues under SRH including sexually transmitted infections. Culture and gender prejudices on the utilization of SRH services (8).

Lack of structural facilities; only 30% escorts have defined adolescent friendly health facilities (11) . The measures intended to be taken for maintaining privacy such as Audio _Visual Privacies were completely absent and deficiency of teaching/learning resources and information on young adults health. Consequently, findings showed that the majority of the identified facilities did not seem to have specific reception and/or designated trained personnel for the adolescent category.

In different situations, scope and coverage of a study are known to be limited in some way. The necessity to maintain the privacy and confidentiality and the relevancy of the provider's qualifications as the factors that define the choice of the service. (12)

The participants had a low Uptake of Sexual and Reproductive Health Services because the healthcare providers were not knowledgeable in those services. There is a disposition from the consumers of health care services to seek services from the private providers especially in procuring specialized services. They also got self-reported benefits that the clients have said after they have patronized the Adolescent Friendly Health Clinics (AFHCs) (13).

In some clinics, the physical security is poor due to the following, poor privacy and confidentiality. Whereas Knowledge and attitudes of the providers about the particular disease was low (14). Also, counselors understandably offered brief overviews on core SRH assessment areas, as the focus of this study: STDs. From the outcome of this study, it could be concluded that absence of knowledge that should be possessed by counselors affects the quality of counseling and information sharing.(12)

Currently, a significant and rising number of young people (40% of young men) are embarrassed to seek healthcare professionals' services for sexual and reproductive

health-care services (15). It is further noted that although there has been improvement in the amount of health services available and accessible for adolescents in India the services that are adolescent friendly are still restricted in terms of range and reach(16).

4.1 Infrastructure and Preparedness

With regard to Physical structures; and the General capacity to host adolescent friendly health services, the study found that most of the public health facilities in Central India were ill equipped physically. Only five of the hundred health facilities performing youth service had a adolescent's clinic or section for the youths. Lesser number of facilities had provisions of AV privacy for consultants. Among the respondents, most of them did not have literature like brochures or booklets centered on the issue of adolescent health (17) . A majority of the facilities did not even have an area where the adolescent clients could wait for their turn. Very few staffers are trained such that they could be in a position to extend friendly services to the adolescents. Altogether, it has been demonstrated that the system of public health care in the given region was incapable of delivering the essential quality in addition to adolescent-friendly services for the youth (11) . More funding to the infrastructure, training, human resources, and approval from different stakeholders is essential in order to improve the status of both, the access and the quality of youth health care services. Concerning the mystery clients, some of the things that they pointed out are for instance poor patient confidentiality and privacy especially in counseling situations. Inadequate privacy reduces the ability of the mentioned above infrastructures to provide services by having a mute effect on them. Absence of privacy support affects confidentiality and as a result people's trust in the SRH services. Lack of precise environments that would accommodate adolescent health services affects the quality of services (12).

4.2 Accessibility and Awareness

Poor awareness of the available SHRH services among adolescents. Challenges in geographic location of the service whereby some stations are either hard to access or take quite a long time to get to. Bidgandiya (2012) asserts that such ignorance serves as a justification for the denial of the utilization of the SRH services (5). Practical and temporal constraints reduce the chance of adolescents' engagement in the activity. The attempt to discuss the views of adolescents in relation to reproductive health (RH) service provision and awareness in India in this paper has shed the following research

gaps. Speaking of the boys, the notion they have in their own mind that RH facilities are primarily specialized on the girls. This also hinders boys' chances of accessing much needed basic care and needs a societal and educational prejudice /deficiency; in sexual and reproductive health. The finding that neither the boys were knowledgeable of the government-provided RH services denotes that there was poor information sharing and promotion strategies. Therefore, the participants highlighted such kinds of traits of the interaction with the staff of the RH clinics as friendly and confidentiality (18).

4.3 Privacy and Confidentiality

The conducted study with the mystery clients showed that there were issues to do with privacy and confidentiality while undergoing counseling in the Ujala clinics (UCs) in Rajasthan. Mystery clients observed that there was no privacy in the clinics; they inferred that there was a poor level of confidentiality during SRH consultations for adolescence (19). Descriptive meta-analysis of several studies revealed that patient's right to privacy and confidentiality has been violated in the adolescent friendly health clinics (AFHCs) of India. Where of all the facilities that were observed only 63 or 6% could implement privacy and confidentiality during consultations. Among the specific cases noted include consultations that are done where there are other people and no curtains or screens whereby the privacy can be attained in most of the centres. Among the observed objectives in most of the facilities in Madhya Pradesh in the RKSK, lack of curtains was evident for 33% of them and for the remaining 40% of the time when the discussions made inside the center could be heard from outside. Altogether, privacy and confidentiality seemed to have been violated from somewhat to severely neglectfully depending on a state where the worker was or the facility with which the subject was to be associated with. The findings of this research reveal serious imperative and demand to address the aspect of confidentiality of adolescents in services offered by SRH to enhance confidence and uptake of health services in India.

4.4 Policy and program gap

The study employed a qualitative research design and followed mystery client (MC) to evaluate the level of quality in SRH services offered to adolescents at Ujala clinics (UCs) in Rajasthan, India. The study also highlighted gaps included adolescent health literacy, suitable service package, providers' competencies, facility characteristics,

equity and non-discrimination. The study recommends enhancing the youngster-accessible health services and enhancing the awareness of SRH unto the clients and the providers as well (17)

This study concluded that early adolescent health services are still not expanded and are restricted in outreach in India. It raised issues on aspects such as patient privacy and confidentiality, providers' qualifications, and availability of services. The review also highlighted the fact that there is scanty and inconsistent data available on quality of ACSF in India and overall there is a dearth of further research in this area and lack of uniformity in providing percentage measurement for adolescent friendly health care services (12)

The article focuses on a specific programme called the Adolescent Reproductive and Sexual Health programme which is anchored under the Ministry of Health and Family Welfare in India. This acknowledges that although various measures have been taken in the past, there has not been much progress concerning the reduction of the adolescent pregnancy rates. Hence, the study recommends future research and practice to adopt a more holistic model to take care of all spheres of adolescent's health, from mental to physical, promoting healthy lifestyles, and developing life skills (15). It was to this context that the scoping review averted, revealing that ahead of there were primarily experimental and evaluative studies that sought to assess the degree of compliance to programmatic outputs in AFHS initiatives in India, as well as health behavioral outcomes of adolescents. This further underlined the issue of weak evaluations, thereby calling for more string ent reviews of AFHS in order to accrue more knowledge regarding the improvement of sexual and reproductive health for youths (12)

CHAPTER 5
DISCUSSION

Quality and Barriers of SRH Services

There are several factors that one can consider while analyzing on the quality and barriers of SRH services. SRH services for young and adolescent males India are limited in adequacy and access, the following must be understood to determine the overall health effect on young and adolescent males. Convenience based research including the Mystery clients' techniques, has pointed out various deficiencies in the delivery of the services. For instance, while conducting a study on IEC needs at the Ujala clinics in Rajasthan with the focus on the adolescent population, the participants reported that access to suitable materials was scarce. This shortage this directly impacts adolescent's knowledge, perception and consequent decision making about SRH related issues a cornerstone to their reproductive health (17)

Moreover, the capacity of providers to meet clients' SRH needs and discuss sensitive issues – including STIs – is still questionable. A significant number of providers attain insufficient awareness of adolescent SRH which impacts on the efficiency of the services offered in these facilities. There is a clear call for specific training education programmes to build on the competencies of providers to deliver youth friendly health services to boost on service provision and meet clients' demands.

Infrastructure and Preparedness

As evidenced by the analysis of the abovementioned institutions in Central India, adolescent SRH needs remain grossly underserved due to institutions' lack of capacity to meet those needs. Research shows that there are deficits in physical resources; young people reported the lack of gendered areas or youth-friendly clinics. Only a fraction of the sample facilities guarantee confidentiality while consulting, which generates adolescents' embarrassment and, as an outcome, their refusal to access SRH facilities (11)

There are other critical deficiencies like privacy in terms of audio-visual to patients and having waiting areas that are separately for adolescents only, making the situation even worse. Lack of adequate facilities creates an awkward feel by the adolescents to seek services hence some are embarrassed and may avoid use of SRH services. To summarize, it is critical to direct a significant proportion of financial resources to enhancing and

improving patients' facilities that may lack sufficient physical infrastructure or exhibit inadequate infrastructure to support adolescent healthcare needs while maintaining privacy and confidentiality.

Accessibility and Awareness

The foremost hurdles to accessing SRH services among young and adolescent males in India are; Due to poor awareness of services available in the community. The latter reveal that few adolescents have accurate knowledge regarding where to obtain SRH services and these youths are unaware regarding their rights to be provided with non-discriminating and confidential subsidized reproductive health care. In this language, the main focus is made on the further elucidation of general extensive awareness campaigns and community-based outreaches in closing the identified gap (12)

Stationary such as IECs and formats of signs help youth to be aware of the available SRH services as well as help them to access the right car. There is still regional inequality in terms of availability and visibility of the said materials; there is the need for improved and more or less uniform access and awareness across the country. Strengthened intersectoral cooperation among specialists in the health care field, educators, as well as leaders of the community is critical to promote better understanding of appropriate SRH knowledge and encourage youth-friendly service utilization among young men.

Privacy and Confidentiality

The factors related to privacy and confidentiality play a critical role in the accessibility of SRH services for adolescent males in India. The literature review revealed that confidentiality was violated during consultations with different youths revealing that at some point their discussions could be easily overheard or even forcefully interrupted by some official from the personnel or other patients (Source 9). Private consultation places and poor physical privacy not only fail to provide young people out-of-sight consultation rooms but also discourage youth to access sensitive SRH care.

To overcome these challenges, the embargoing of patients' privacy and protection of their information is critical besides setting up of adolescent-friendly private environments within facilities. To enhance on service delivery and satisfaction among the adolescent clients,

there is need to ensure that the health care providers are trained on issues of confidentiality and ways of building trust with the adolescents.

The above analysis shows the following gaps in policies and programs:

Young and adolescent males' access to SRH services continues to be threatened mainly by policy and programmatic gaps that are recurrent. However, the available frameworks and guidelines for AFHS have not been fully implemented to the necessary degree among the states and regions (12)

While great efforts have been made to start up policies and provide service support, big differences can be observed in the practice presenting with equal variations of service supply, quality, and access to those who live in rural and underrepresented regions.

These gaps should be addressed by advocating for policy changes that provide universal rights of all adolescent individuals to quality SRH services across any territory and regardless of one's economic status. Enhancing specific cross-sector linkages between health, education, and community, developmental sectors is vital in attuning policy to meet the adolescents' dynamic needs and to promote the rights-enabling adolescents' SRH services.

CHAPTER 6:

CONCLUSION AND RECOMMENDATIONS

In conclusion, while it has been possible to identify that there is recognition as to need for comprehensive adolescent SRH education in there are many gaps and barriers that still remain. The effort therefore requires increased focus on the formulation of intervention programmes that would effectively respond to the needs of the young and adolescent male on issues to do with SRH. It is therefore vital for advocacy to continue and so does the research and application of evidence-based interventions to solve these questions.

Accepting the fact that it is not possible to enhance the status of MCH any further without addressing the issues related to young people, Their family planning especially birth spacing Therefore, It underscored the importance of High Impact Interventions across the life span and Continuum of care [20].

Therefore, the Indian policy makers should look to such strategies as to the future PC, health and wellbeing of young males and to improve the utilization of accessible SRH services. Supplementary, it is equally relevant to note that promotion of good health among the adolescents is a proactively positive mannered notion.

Although, there has been some failures in such approaches, there have been enhancement through reflection in the strategies such as the ARSH (Adolescent Reproductive and Sexual Health) Strategy and RKSK (Rashtriya Kishor Swasthya Karyakram) in order to ensure the above reason that the governance structure has turned out to be appreciable. Nevertheless, the problem remains in evaluation and confirmation of intersectoral as well as intrasectoral linkages among the multiple tiers of management. The outcome creates the idea of systematic coordination and ownership of such activities across different department of government to strengthen and boost adolescents' health programming. Improve on the quality of the adolescent friendly health services that are provided at the health care facilities.

By Promoting knowledge among the clients and the providers on matters concerning SRH. Ensure that counsellors are trained in a way that is sensitive to their clients' gender.

Furthermore, because the barriers to reproductive and sexual health are so immense for today's young people, establishing a supportive social context at all levels is simply essential. Although the modernised private sector employs very few people in the rural areas, improving the availability of public utilities necessary for the youth in the rural areas requires endeavour. Sufficient infrastructure has been found to be one of the most critical success factors for the provision of effective SRH services; however, there are gaps concerning accessibility for the male adolescents who are limited on options and choice. The strategies in responding to reproductive and sexual health needs of young people in India are gargantuan, and achievable only with the creation of a permissive social context at community, district, state and national levels. Reliable private sector facilities are nearly unheard of rural population. It deserves to note that today's independent youth require significantly more easily accessible youth-friendly public services (16).

Namely, the elimination of these obstacles requires long-term efforts and activities of policymakers, those working in the sphere of healthcare, and residents. An enabling environment and strengthening of the health systems in India would ensure access to SRH services among young and adolescent males thus guaranteeing better future health for these young males and better public health overall.

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