

Need of Expansion of Special Adolescent Clinic

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ABSTRACT

A cross sectional study has been done over a period of one year to find out the total number of young people, adolescents and youth attending at general gynaecological OPD and special adolescent clinic and to analyse them in terms of their sex, ethnicity, address, marital status, education, occupation and their health problems in a teaching hospital at Kathmandu.

Of the total 2480 patients 31.29% were young people, 18.34% of them were adolescents and 30.52% of them were youth. Male attendance was insignificant. Majority (91%) of the young people were Brahmins, Newars and Chhetriyas. Most (91%) of them were from Kathmandu valley, 73% were already married and 60% had experienced pregnancy. Approximately 12% of these people were illiterate, 24.85% of them had not completed the primary level education. Only 19% of them had completed the SLC examination. Lack of education, trend of early marriage has been reflected on to their occupation. 64% of them are engaged in routine household work as housewives. Few (4.3%) of these young people were not doing anything at all. Majority (59%) of them presented with pregnancy related problems and rest of them came for problems like Pelvic infection, urinary tract infection, sub fertility, breast problems and others.

This study concludes that good number of young people from different parts of the country attend special adolescent clinic with different needs. Therefore adolescent friendly services in the hospital need to be strengthened to provide special care for them.

Key words: *Young people, adolescents, youth, substance abuse, illiterate*

INTRODUCTION

Young people are the future of the nation. World Health Organization (WHO) has defined young people as individuals between the age group of 10-24 years, Youth as those between the ages of 15-24 years and adolescents as the individuals between the ages of 10-19 years. They are a diverse group of population with diverse need and diverse circumstances.¹ They have

different biological, physical and psychological changes in them. In Nepal adolescents comprise 22% of the total population.²

Kathmandu Medical College Teaching Hospital (KMCTH) was catering the health related needs of young population only through its general outpatient department till August 2004 where young people were not given any priority and special care. With the

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intention of providing special service to these young populations, adolescent clinic was initiated by the department of obstetrics and Gynaecology at KMCTH from September 1, 2004. This service was provided once a week (every Wednesday) in the afternoon. As per this schedule special service from this clinic was supposed to be provided on 52 days during one year of study period. Out of these 52 days, these services could not be provided on five days because of various Bandas (Closure due to strikes) and curfew during the period of conflict in the country. Therefore in one year this special clinic was open for 47 days.

This study was carried out to find out the total number of Young people attending general Gynaecological out patient department (OPD) and to analyse them in terms of their sex, ethnicity, address, marital status, education, occupation and their health problems at special adolescent clinic.

MATERIAL AND METHODS

This is a cross sectional study done over a period of one year from September 1, 2004 to August 31, 2005 at KMCTH. General Gynaecological OPD and adolescent clinic register was used to collect the data. Special adolescent clinic at KMCTH provided the service on 47 days. All young people (adolescents and youths) coming to this clinic as well as in the general Gynaecological OPD on the day of special clinic are included in this study. These data were analysed manually to meet the objectives of the study.

RESULTS

Total of 776 young people attended the general gynaecology OPD and adolescent clinic on those 47 days.

As shown in the table below, this study demonstrates that during 47 days of study period, total of 2480 patients had attended Gynaecological OPD and adolescent clinic of KMCTH. Of the total 2480 patients 776 (31.29%) were of 10-24 years age group i.e. young population, 455 (18.34%) of them were adolescents and 757 (30.52%) of them were youth. Of the total young population 74.22% attended regular gynaecological OPD in the morning hours and only 25.77% of them attended special clinic run for adolescents in the afternoon.

On analysing all these young population, majority of these young people were Brahmins, Newars and Chhetriyas. Only 9% of them were from other communities like Magar, Gurung, Yadav, Limbu, Tharu and Sherpa (Figure1).

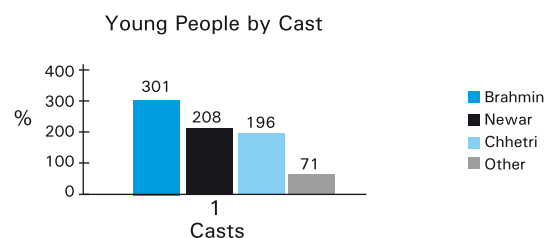


Figure 1. Ethnicity

It was found that 99.6% of the young people seeking the services here were females. Out of 776 young people only 3 were males and had come for counselling for problems like difficulty in concentrating in the study, anxiety and substance abuse.

As seen in the following Figure, 91 percent of the clients were from inside the valley; maximum being from Kathmandu district. 8% of them were coming from places like Janakpur, Jhapa, Sindhuli, Kavre, Pyuthan, Bhojpur, morang, Khotang, Nepalganj and Doti (Figure 2).

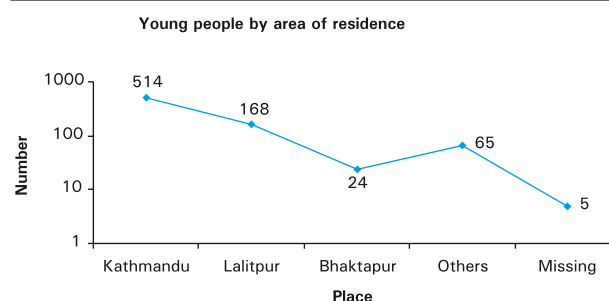


Figure 2. Prevalence according to their location

Five hundred and seventy (73%) of these young people were already married and 463 (60%) had experienced pregnancy. Among them 421 (54%) were pregnant now.

Approximately 12% of these people were illiterate who had never been to the school, did not know how to read and write and were not aware of their health and development problems. One fourth (24.85%) of them were either studying in class of less than five or had left the school before completing the education of primary level. Similarly 44.45% of them were either still continuing the study of class 5 to 10 or had left the school before completing their SLC. It was found that only 19% (146) of them had completed the SLC board examination (Figure 3).

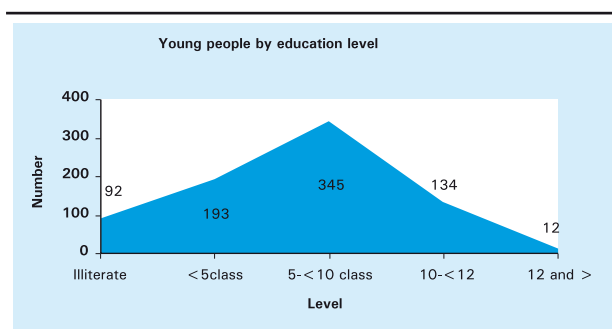


Figure 3. Educational level

As shown in the figure 4, 64% of these young people are leading the life of housewife and are engaged in routine household work. Only 27% of them had an opportunity of going to school or college and continuing it till date. Some (4.5%) of them were earning their livelihood by working as labour, shopkeeper etc. Even at the present era we could see that few (4.3%) of these young people were not doing anything at all (Figure 4).

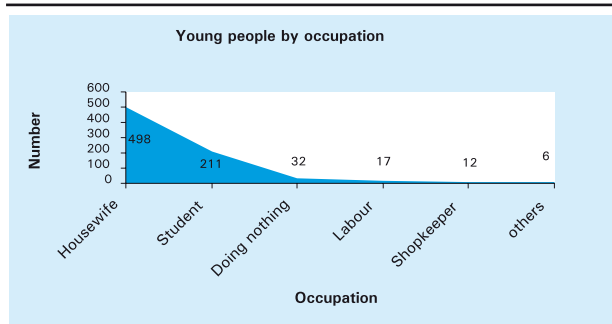


Figure 4. Occupation

Majority (54%) of them attended the clinic for antenatal check up for their ongoing pregnancy, 2.83% came with abortion complications and 1.54% came for postnatal check up. That means 59% of these young people presented with pregnancy related problems. As shown in the table below, rest of them came for problems like Pelvic infection, urinary tract infection, sub fertility, breast problems and others. Congenital anomalies like situs inversus, congenital heart disease and Turner's syndrome was diagnosed in four cases (Table 2).

DISCUSSION

This study clearly demonstrates that good number of young people from different parts of the country attend the gynaecological outpatients department of KMCTH. This number would have been increased significantly if young people coming to seek services in daily gynaecologic OPD and other OPDs were also included in the study. This justifies and supports the need of initiating and strengthening the adolescent friendly services in the hospital. Special adolescent clinic of this college if sustained and strengthen can cater the

diverse need of not only adolescents but also of youth and young population.

Table 2. Morbidity

Diagnosis	No	%
Ongoing Pregnancy	421	54.25
Menstrual disorder	124	15.97
Pelvic infection	40	5.15
UTI	27	3.47
Abortion	22	2.83
FP Service seeker	16	2.06
Fibroadenoma breast	14	1.80
Subfertility	13	1.67
Anaemia	13	1.67
Vaginal candidiasis	12	1.54
Postnatal	12	1.54
Gynae Nad	12	1.54
APD	11	1.41
Ovarian cyst	11	1.41
Missing	11	1.41
Anxiety	6	0.77
Situs inversus	1	0.12
Turner's Syndrome	1	0.12
Cong heart disease	2	0.25
Substance abuse	3	0.38
Others	4	0.51
Total	776	100

Nepal is a multi-cultural society with a vast range of languages and ethnic groups which has been classified by the Government into two broad groups: the Indo Aryan (Brahmin, Thakuris and Chhetriyas) and Tibeto-Burman (Tamang, Newars, Gurungs, Rais, Limbus, Tharus, Bhotes, Sunuwars and Magars)³. Young people of Brahmins, Newars and Chhetriyas communities seemed to be in a position to seek the service of this clinic, probably because they are the privileged, conscious, economically sound group in the community and probably they are the permanent residents of Kathmandu valley who are better oriented about the available services in the hospitals of the city. At the same time it is also good to see that 9% of the young people from the backward communities like Magar, Gurung, Yadav, Limbu, Tharu and Sherpa have also started to be aware of these facilities and started accessing and utilising these services.

Almost 100% of the clients seemed to be females. Very insignificant numbers of male client came to seek the services of this special clinic. Reasons may be many like Running the special clinic in the general gynaecological clinic space, all the service providers being females and lack of advocacy. Even when adolescent friendly clinic had been initiated by the department of Obstetrics and Gynaecology, majority of the young people were still

found to be attending the general GOPD in the morning hours. This may be because of lack of advocacy inside and outside the institute, clinic not being situated in the ideal place and not open at convenient hours.

Though mean age of marriage seems to have increased to some extent for both the sex; marriage at young age is still very common especially among the women with all its negative consequences.⁴ Early marriage, early pregnancy and early child bearing not only have its negative impact on the health of these young people but it also deprives them from education, employment and other opportunities in life. It is hard to believe that even among young people residing within the capital, problems like illiteracy, school dropout exists. Probably poverty, conflict and illegitimacy may be some of the strong reasons for this.

According to the national statistics 40% of adolescents are illiterate.² The gross enrolment rate decreases from 86% at a primary education level to 39% and 11% at lower secondary and secondary education level respectively. This study showed that only 12% of the young people were illiterate probably because this study was a hospital based study located at the capital city. One fourth (25%) of them were either studying in grades of lower than five or had stopped going to the school before completing this grade. This means approximately 40% of the young people even if they are residing in the capital city have not been able to get the education of primary level, only 19% (146) of them had completed the SLC board examination and only 1.54 (12) were able to reach to the higher study of more than 12 grade. One of the national studies done in a rural district of Nepal has revealed that apart from lack of educational opportunities there are other various reasons for compelling a girl to discontinue her studies. Some of these reasons are need to assist parent in household work, lack of interest, and inability of parents to afford schooling.⁵

Lack of education, trend of early marriage has been reflected on to their occupation. 64% of them are engaged in routine household work as housewives. Few (4.3%) of these young people were not doing anything at all.

Approximately 60% of them presented with pregnancy related problems. This may be because of early marriage, lack of education, unemployment and clinic being situated in the general gynaecology OPD. Like in some other studies too other major problems of these young people are menstrual problems, problems of infections, anaemia, sub fertility, developmental defects and anxiety⁶

CONCLUSION

This study population is a small fraction of young people attending the OPD Services of KMCTH. Actual number of young population attending KMCTH OPDs are much bigger. These are special group of population with different health related problems. Therefore special care should be given to them on priority basis by trained providers through special clinic at their convenient hours. Therefore KMCTH management should realise the need of supporting the special clinics like adolescent friendly clinic for its sustainability and strengthening. To make it meaningful multidisciplinary faculties of the college should be well oriented about this clinic and should play a supportive role towards its development. Linkages and networking should also be developed between various schools in the valley, and various governmental and nongovernmental organisations working on this issue as well as with the different educational organisations in the valley that can do better education and carrier counselling for these young populations.

Recording the data of such clinics, publishing it, presenting it to the hospital management or reporting it to Ministry of Health, Nepal might be of some help to be aware of the situation analysis of adolescent health and development problems in the country, to remove the barriers to serve this population and to strengthen the existing services in the country. This will be a sort of stimulation for not only to the hospital management to improve the services but also to the Ministry of health for implementing its policy, strategy and plans in real sense.

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