



Awareness and Problems in Adolescent Girls Attending Adolescent Clinic in a Tertiary Hospital

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Abstract

Adolescence is a period of enormous physical and psychological change for young girls. Many adolescents with menstrual disturbances never present to their family doctor or gynaecologist. Embarrassment about discussing menstruation, fear of disease, and ignorance about sexual health and services available may lead to delayed presentation or consultation with doctor.

Aims and Objective: (1) To study about the awareness and problems among adolescent girls attending the gynaecological clinic in a tertiary hospital. (2) To evaluate the different gynecological problems in adolescent girls attending outpatient department.

Results: There were a total of 500 adolescent girls attending the gynaecology OPD at Kasturba Gandhi hospital, Madras medical college Chennai during the study period. Menstrual complaints were the commonest indication for OPD consultation among adolescent girls. 22% had dysmenorrhoea, 31% had DUB, 13% had leucorrhoea as their primary symptom and 3.8% presented with primary amenorrhoea. Anaemia was the major health issue seen among 60% of the adolescents. Literacy rate among adolescent girls was 91.6%. Violent situations were seen in among 2.6% of adolescent families. Regarding awareness of sexually transmitted diseases, 90% of the adolescents were aware of STD. The percentage of pregnancy among adolescents was 43.2%. Only 26% of married adolescents and 20% of adolescents who were not married were aware about the various methods of contraception.

Conclusion: Adolescent girls with menorrhagia need to be evaluated thoroughly earlier rather than later so that effective management can be started and severe anaemia with its consequences can be avoided. Adolescent health education and group discussion is needed to create awareness regarding adolescent gynaecological problems and protect themselves from all health and social hazards; it should be conducted regularly in schools and colleges. Starting newer programmes to strengthen the bonding between the adolescence to their families prevents mental, physical and social hazards is the need of the hour.

Keywords: Adolescence, reproductive health.

Introduction

Adolescence is a period of bio-psycho-social transition from childhood to adulthood with specific health and developmental needs and rights⁽¹⁾. Stanly Hell defined Adolescence as a period of great strain and stress, storm and strife. There is a significant growth and developmental changes both physically and mentally. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. All societies recognize that there is a difference between being a child and becoming an adult. How this transition from childhood to adulthood is defined and recognized differs between cultures and over time. In the past it has often been relatively rapid, and in some societies it still is. In many countries, however, this is changing⁽²⁾.

Adolescence in girls has been recognized as a special period in their life cycle that requires specific and special attention⁽³⁾. This transition phase makes them vulnerable to a number of problems which include psycho-social problems, general and reproductive health problems and sexuality related problems. During adolescence period, they are prone to develop reproductive health related problems which are generally neglected leading to further disease burden. A large variety of morbidities prevail among adolescents. Reproductive Tract Infections (RTI), Sexually Transmitted Infections, Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) have already appeared as serious problems. Adolescent girls, across the county, are a particularly disadvantaged group in relation to sexual and reproductive health due to cultural norms mandating early marriage and early child birth⁽⁴⁾. One of the specific targets of the Sustainable Development Goal (SDG) is Good Health and Well-Being. It is essential to ensure universal access to reproductive health care services, including menstrual hygiene and menstrual

disturbances, better access to contraceptive information and services, so that unwanted pregnancies can be avoided^(5,6). SDG3 goal is that by 2030 there should be an end to the epidemics of AIDS, Tuberculosis, Malaria, Water borne disease and other communicable disease⁽⁶⁾.

Health education to the Adolescents helps them to protect themselves from all health and social hazards⁽⁷⁾. Mental illness, violence, poverty, humiliation need to be addressed⁽⁸⁾. Programs are needed to strengthen the bonding of adolescents to their families and to prevents mental, physical and social hazards.

Aim

This study was done to know about the awareness and problems related to reproductive health of adolescent girls attending the adolescent clinic in tertiary hospital.

Methodology

A descriptive study using simple randomized survey was carried out among 500 adolescent girls attending Adolescent clinic. Girls between the age of 12-18 years were included in the study. Counselling was done wherever necessary.

Result Analysis

A total of 500 adolescent girls were included in the study. The results were tabulated as follows.

Table 1. Demographic Data of the Adolescent Girls included in the study

	Numbers	Percentage
Literacy Rate Among Adolescent Girls (n = 500)		
Literate	458	91.6%
Illiterate	42	8.4%
Education Status in Literate Girls (458 girls)		
High school graduates	257	56.11%
Girls with no formal schooling	201	43.89%
Prevalence of Teenage Pregnancy		
No of adolescent girls who were pregnant	216	43.20%
No of adolescent girls who were non pregnant	284	56.8%
Marital Status		
Married	300	60%
Unmarried	200	40%

Literacy rate among adolescent girls were 91.6%. Only 8.4% were illiterate. Among literate girls, 56.11% has completed their higher secondary. 60% of teenage girls were married. 216 girls (43.20%) were pregnant.

Table 2. Sexual Health of the Adolescent girls in the study

	Numbers	Percentage	
Pubertal Problems			
Menorrhagia (dysfunctional uterine bleeding)	155	31%	
Dysmenorrhoea	110	22%	
Leucorrhoea	65	13%	
Primary amenorrhoea	19	3.8%	
Miscellaneous (heart disease, tuberculosis, UTI, dermatological problems)	151	30.2%	
Prevalence of Anemia			
Anaemic	300	60%	
Not anaemic	200	40%	
Awareness of sexually transmitted diseases /aids amongst adolescent girls			
Aware	450	90%	
Unaware	50	10%	
Knowledge About Contraception	Married (300) n (%)	Unmarried (200) n (%)	'p' value
Aware of Contraception	78 (26%)	160 (80%)	p < 0.05
Unaware of Contraception	222 (74%)	40 (20%)	

Violent situations in the family were seen among 2.6%. Health hazards faced by the adolescents were DUB, White discharge and Dysmenorrhoea. Anaemia was the major health issue seen among 60% of the adolescents. Regarding awareness of sexually transmitted diseases, 90% of the adolescents were aware of STD. The percentage of pregnancy among adolescents was 43.2%. Among teenage pregnancy only 60% were married. Remaining 40% were unwed pregnancy. Only 26% of married adolescents and 20% of adolescents who were not married were aware about the various methods of contraception.

Conclusion

Adolescents are literate at least till higher secondary. They are aware about menstrual hygiene and menstrual irregularities. They need health education regarding nutritional status, sexually transmitted diseases, communicable diseases and methods of contraception. Health education is mandatory to prevent early marriage and pregnancy in the adolescent age.

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