Study of adolescent clinic: holistic approach for women health with dual client methodology

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ABSTRACT
Background: The study is done to understand the gynaecological problems in adolescent girls. Do counseling, imparting knowledge for the girl and her mother, hence creating a holistic approach towards the women health in the family by dual client approach.

Methods: 400 adolescent girls attending the clinic were studied (prospective observational study). Hb%, S.TSH was done for all the girls. Ultrasonography abdomen and pelvis was done on patient basis. Treatment was given. Mothers were counseled regarding their gynecological issues and screening tests (pap smear, self breast examination) was done after taking consent.

Results: 70% girls had menstrual disturbances, 20% had complains of vaginal discharge. 44% had anemia (4% had severe anemia). Subclinical hypothyroidism was detected in 8% of cases. Ultrasonography was done in 52% of cases in which 81 patients had features suggestive of polycystic ovaries. 85.5% of the adolescent girls were accompanied by their mothers. 12% girls took HPV vaccination and 52% mothers underwent pap smear.

Conclusions: Teenage problems need to be dealt very sensitively. Counseling is an integral component of treatment strategies. At present, adolescent gynaecology remains an area to which increased awareness and greater attention should be given to promote the health of teenagers and inculc healthy lifestyle practices. In the same set up even the mothers of girls can be given counseling and address their gynaecological issues as majority of times mothers are the accompanying person creating the dual client approach in one setting. Hence adolescent clinic should aim for holistic, dual client approach for improvement of overall women health in the family.

Keywords: Adolescent gynaecology, Adolescent clinic, Holistic, Dual client

INTRODUCTION

The term Adolescence is derived from the Latin term “adolescere” which means ”to grow up”. It is a transitional stage of physical and mental human development that occurs between childhood and adulthood. This transition changes involve biological (i.e. pubertal), social, sexual as well as psychological. According to WHO “adolescents” are the individuals in the 10-19 years age group. The adolescents constitute quarter of the population of India. Needless to mention that healthy Adolescents are the backbone and foundation of healthy mothers and they are the ultimate future of the society. Adolescent age group is generally considered to be healthy without any morbidity. But adolescent age group health has its own unique health risks, challenges and vulnerability which is strongly determined by developmental (biological) and socio-cultural factors.

Pediatric and adolescent gynecology (PAG) is an evolving field that intersects the fields of pediatrics, dermatology, urology, endocrinology, surgery, oncology,
Adolescents take time for the maturation of HPO axis after menarche, which can lead to anovulation. Anovulation causes approximately 95% of dysfunctional uterine bleeding in adolescents. In the initial assessment it has to be determined which adolescent needs treatment and which can be observed until the maturation of the HPO axis. If there is no anemia and the menstrual flow is only slightly to moderately increased, observation is desired. Adolescents can also present with chronic pelvic pain, and most possible etiology being endometriosis. Unsafe abortion and sexually transmitted infections were some of the other problems of adolescent girls. Pregnancy in teenagers is a problem threatening the ultimate reproductive and child health. These girls often do not have safe sex and are vulnerable to sexually transmitted diseases.

The well known barriers to access of services are related to their personal issues related to shyness; need to deal with shame and embarrassment in disclosing their problems and healthcare provider’s unsupportive and judgmental attitude. Within the context of changing social scenario, the need of the hour is to not only to generate awareness amongst the young generation but also to ensure that they have the choice to seek the desired health services in a non-judgmental and friendly environment when in need thus creating adolescent friendly health services.

The guidelines have been laid for adolescent friendly health services in National Project of the Adolescent Health Committee FOGSI in accordance with the Government of India guidelines in consultation with WHO. In addition to imparting such education to the teenager girls and teachers, extending it to their family members, especially mothers, will be a blessing in disguise. Under NHM Adolescent Friendly Health Clinics (AFHCs) are established through which counseling and curative services are provided at primary, secondary and tertiary levels of care on fixed days and fixed time with due referral linkages.

Commodities such as Iron and Folic acid tablets and non-clinical contraceptives are also made available in the clinics for the adolescents. To make the clinics adolescent friendly, states have branded the clinics in the name of ‘Maitri’ in Maharashtra, ‘Udaan’ in Uttrakhand, ‘Sneha’ in Karnataka and so on. The objective of it being addressing the stigma behind accessing the adolescent services.

An objective of this study was to study the gynaecological problems and its management in adolescent girls.

To do counseling, imparting knowledge for the girl about the physiology of female reproductive system, menstrual hygiene and lifestyle modifications. To do counseling for screening tests and treating any gynaecological problems if any for the mother accompanying the teenager. Thus creating a holistic approach towards the women health in the family with dual client approach.

**METHODS**

The study was conducted in the adolescent clinic of Rajarajeswari Medical College and Hospital, Bangalore. Total 400 adolescent girls were included in the study. The study period was between January 2018-December 2018. The study is observational prospective study. 400 adolescent girls were included in the study. History taken and general physical examination done. Hb%, S.TSH done for all the girls. Ultrasonography abdomen and pelvis done on patient basis. Treatment given if required.

Adolescent girls management of gynaecological problems counseling towards lifestyle modifications, reproductive physiology mothers screening for cancer cervix and breast pathology hence overall improving female health in the family. Counseling and curative services counseling services for adolescent nutrition, puberty, RTI/STI prevention and contraception and delaying marriage and child bearing counseling on nutrition, menstrual disorders, personal hygiene, menstrual hygiene, use of sanitary napkins, use of contraceptives, sexual concerns, depression, sexual abuse, gender violence, substance misuse and promoting healthy behaviour to prevent non communicable diseases.

**Inclusion criteria**

- The Adolescent girls 10-19 years.

**Exclusion criteria**

- Teenage pregnancies
- Victims of sexual violence.

**Statistical analysis**

The study was a prospective study, Data entered into Microsoft Excel and analyzed using descriptive statistics like percentages.
RESULTS

The main presenting symptoms were menstrual disturbances followed by vaginal discharge (Table 1).

Table 1: Gynaecological problems of adolescents attending adolescent clinic.

| Problems                      | N=400 |
|-------------------------------|-------|
| Menstrual disturbances        |       |
| Dysmenorrhea                  | 224 (56%) |
|Irregular cycles               | 96 (24%) |
|Amenorrhoea with AUB           | 48 (12%) |
|Vaginal discharge              | 80 (20%) |
|Primary amenorrhoea            | 8 (2%) |
|Pain abdomen                   | 82 (21%) |
|Queries                        | 92 (23%) |
|Overweight (BMI >25)           | 128 (32%) |

All the girls underwent haemoglobin estimation and serum TSH. 40% had anaemia (Table 2).

Table 2: Investigations done.

| Investigations                  | N=400 |
|--------------------------------|-------|
|Hemoglobin % Normal             |       |
|239 (60%)                       |       |
|Anaemia                         | 161 (40%) |
|Severe                          | 17 (4%) |
|Moderate                        | 53 (13%) |
|Mild                            | 91 (23%) |
|Serum TSH normal                | 355 (89%) |
|Subclinical hypothyroidism      | 31 (8%) |
|Hypothyroidism                  | 14 (3.5%) |
|Ultrasoundography               | 206 (52%) |
|Normal                          | 60 (15%) |
|Polycystic ovaries              | 81 (20%) |
|Ovarian cyst                    | 35 (8.5%) |
|Simple ovarian cyst             | 17 (4%) |
|Hemorrhagic ovarian cyst        | 10 (2.5%) |
|Endometriosis                   | 5 (1%) |
|Dermoid cyst                    | 3 (1%) |
|Renal calculi                   | 22 (5.5%) |
|Primary amenorrhoea             | 8 (2%) |

85.5% girls were accompanied by their mothers. All were counselled for HPV vaccination and 12% of girls took the vaccine (Table 3).

Table 3: Dual client approach.

| Girls were accompanied by their mothers | N=400 |
|----------------------------------------|------|
|HPV vaccination given for girls         | 47 (12%) |
|Mothers pap smear                       | 178 (52%) |

DISCUSSION

In our study the most common gynaecological problem was menstrual disorders seen in 70% of the girls. Dysmenorrhea was present in more than 50% of girls. Pain abdomen was present in 21% of girls and vaginal discharge was seen in 20% of girls. 23% had come for queries regarding their menstrual health and concern for weight gain, excessive fall of hair. AUB was seen in 12% of cases. Abnormal BMI was seen in 32% of girls. In study by Samarth S et al 9.86% had menorrhagia, 11.52% girls had evidence of polycystic ovaries.7 Study by Gedam JK had most common menstrual problems being dysmenorrhea and primary amenorrhoea in 1.57% of cases similar to our study.8

In our study anaemia was seen in 40% of girls, 17 girls had hemoglobin % less than 7g%. Serum TSH was normal in 89% of girls. Anaemia was observed in 57.84% of girls in study by Gedam JK.8 Menstrual abnormalities are the most common problems of adolescent girls.3,9-12 Thaker RV et al. study had common menstrual problem being dysmenorrhea in 52.9% of cases similar to our study followed by menstrual irregularities.13 Goswami Sebanti et al and Bhalerao-Gandhi A et al study had most common problem being menstrual problem followed by leucorrhoea same as our study.3,14

CONCLUSION

Teenage problems need to be dealt very sensitively. Counseling is an integral component of treatment strategies. At present, adolescent gynaecology remains an area to which increased awareness and greater attention should be given to promote the health of teenagers and inculc healthy lifestyle practices. In the same set up even the mothers of girls can be given counseling and address their gynecological issues as majority of times mothers are the accompanying person creating the dual client approach in one setting. Hence adolescent clinic should aim for holistic, dual client approach for improvement of overall women health in the family.

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