

## Study of young people attending an adolescent friendly centre

Karki C<sup>1</sup>

<sup>1</sup> Assistant Professor, Department of Obstetrics and Gynaecology, Kathmandu Medical College, Sinamangal

---

### Abstract

Adolescents are the individuals between the ages of 10-19 years and the youth are those between the ages of 15 – 24 years. World Health Organisation has therefore defined young people as individuals between the age group of 10 – 24 years. In our country Adolescents comprise more than one fifth (22%) of the total population. Therefore Family Health Division, Ministry of Health, established an adolescent friendly centre at Bir Hospital on 5th January 2002. This paper has tried to study and analyse the young population attending this centre at a fixed period of time.

This study was carried out to

- a. Find out the total number of adolescents.
- b. Estimate their male: female ratio.
- c. Find out their ethnicity, address, marital status, education, and occupation
- d. Learn what Health and Development problems these young people have.

This is a cross sectional study done at Bir Hospital adolescent friendly centre for a period of one year. All young people (adolescents and youths) coming to this centre within the specified period are included in this study. OPD register was used to collect the data, which was obtained and analysed manually.

Total of 956 young people were provided healthcare and counselling services from this centre. Out of them, only 9.21 % were males. 887 (92.78%) of this population are adolescents, 69 (7.22%) are from 19 -24 years age group and 880 (92.05%) of them are youth. Majority (28.56%) were Brahmins.

313 (32.74%) of these people were from outside the valley. 9 (10.23%) out of 88 boys and 384 (79.34%) out of 484 girls were married. 1.14% of boys and 14.63% of girls were illiterate. 4.55% of boys' and 14.17% of girls had not completed the studies of standard five. 17.05% of boys and 47% of girls had not completed their school. 81.82% of boys and 38.36% of girls had joined the college.

It also showed that 521 (54.50%) of these young people are students but 35.94% of girls are housewives. 278 (32.03%) girls presented with menstrual problems and 22.12% (192) came with pregnancy related problems and 15.27 % of these young people presented with the symptoms of various infections Twenty-six (3%) girls came with features of anaemia and 22 (2.53%) girls had dropped in for family planning services. 20 (2.09%) of these young people had some psychological problem (mainly anxiety) and 9.62% of them had various types of skin problems.

Adolescent friendly centre can play a vital role to support and help a good number of adolescents of the society.

**Key words:** Adolescents, youths, and young people

---

Adolescents are the individuals between the ages of 10-19 years and the youth are those between the ages of 15 – 24 years. World Health Organisation has therefore defined young people as individuals between the age group of 10 –24 years<sup>1</sup>. They are a diverse group of population with diverse need and diverse circumstances.

In our country Adolescents comprise more than one fifth (22%) of the total population<sup>1</sup>. They are the future of nation with different biological, physical and psychological changes in them and this phase of development needs to be well taken care of to support them to enable them to emerge out into a balanced and healthy adult. Realising this importance of adolescent health and development, Family Health Division, Department of Health Services, Ministry of

Health, Nepal has developed the National Adolescent Health and Development Strategy in the year 2000. Based on this strategy, an adolescent friendly centre was established at Bir Hospital on 5<sup>th</sup> January 2002 by Family Health Division, Ministry of Health with the support of WHO<sup>2</sup>. Nepal Society of Obstetricians and Gynaecologists (NESOG) was also involved in the establishment and for smooth running of this centre for the period of two years. NESOG members have been involved in providing regular counselling services in this centre on voluntary basis. This paper has tried to study and analyse the young population attending this centre at a fixed period of time.

---

### Correspondence

Dr. Chanda Karki

Assistant Professor, Department of Obstetrics and Gynaecology  
Kathmandu Medical College, Sinamangal

Email: chandakarki@hotmail.com

## Objectives

This study was carried out to

- Find out the total number of adolescents availing the service
- Estimate their male: female ratio.
- Find out their ethnicity, address, marital status, education, and occupation
- Learn the types of Health and Development problems these Young people have.

- Sample size – nine hundred fifty six young People attended this clinic in one year.
- Tools used-OPD register was used to collect the data, which was obtained and analysed manually.

## Materials and Methods

- Study design - This is a cross sectional study done at Bir Hospital adolescent friendly centre.
- Study period -One year from 1<sup>st</sup> Magh 2060 to 29<sup>th</sup> Poush 2061 B.S.
- Inclusion and exclusion criteria - All young people (adolescents and youths) coming to this centre within the specified period are included in this study.

## Results

It was encouraging to note that fifty-three NESOG members were found to counsel and provide the service in this centre during this period. Majority of them were trained on adolescent health and development issues.

Table 1 a below shows that total of 956 adolescents and youths were provided healthcare and counselling services from adolescent friendly centre of Bir Hospital. Out of them, only 9.21% were males. Magh, Jestha, Mangshir and Poush were the months when maximum number of young people turned in to this centre.

**Table-1 a.** Distribution according to month of visit and their sex

Month	Number	Male	Female
Magh 060	133	19	114
Falgun	92	10	82
Chaitra	79	2	77
Baisakh 061	40	3	37
Jestha	142	6	136
Ashad	87	7	80
Shrawan	78	6	72
Bhadra	19	5	14
Asoz	22	1	21
Kartik	32	0	32
Mangshir	132	20	112
Poush	100	9	91
<b>Total</b>	<b>956</b>	<b>88(9.21%)</b>	<b>868(90.79%)</b>

Table 1 b below indicates that 887 (92.78%) of the people coming to this centre were adolescents and 69

(7.22%) of them were of more than 19 years of age. According to WHO definition, 880 (92.05%) of them were youth.

**Table-1 b.** Age distribution

Age in Years	Male	Female	Total
10-14	14	62	76
15-19	56	755	811
20-24	18	51	69

It was found that Majority (28.56%) were Brahmins, 21.65% were Chhetriyas, 16.95% were Newars and 22.59% were from other communities like Magar,

Gurung, Rai, Limbu, Chaudhary, Sherchan, Mishra, Thami, Lama etc. In 10.25% of the study population cast was not recorded (Table 1 c).

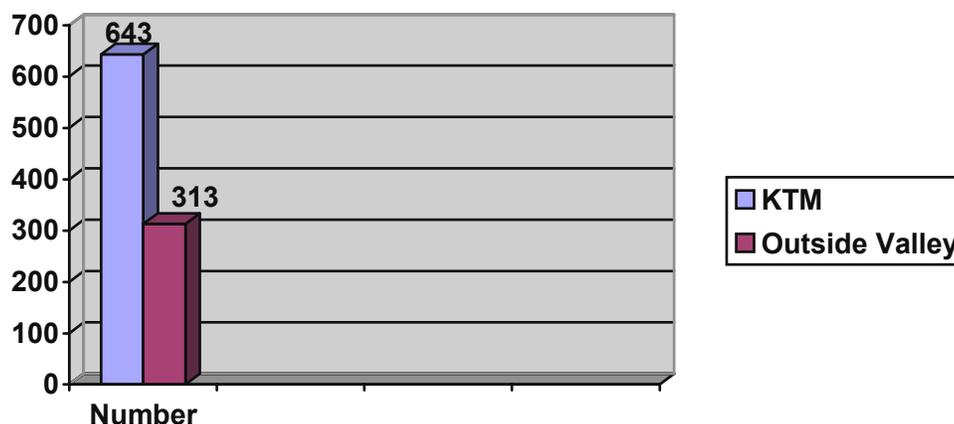
**Table – 1 c.** Caste distribution

Cast	Number	%
Brahmin	273	28.56
Chhetri	207	21.65
Newar	162	16.95
Others	216	22.59
Missing	98	10.25

Chart below shows that 643(67.26%) of these young people were from Kathmandu Valley; majority (42.89%) being from Kathmandu and 313 (32.74%) were from outside the valley. Those from outside the valley were mainly from places like Dharding, Nawalparasi, Chitwan, Butwal, Gorkha, Lamjung,

Damauli, Pokhara, Naubise, Barabise, Chandranigahpur, Sindhuli, Ramechhap, Khotang, Bhojpur, Mahendranagar, Pyuthan Surkhet, Kailali, Trishuli, Ilam, Arghakhanchi, Sindhuplanchowk, Janakpur and Darchula.

**Fig. 1** No. of cases in and out side Kathmandu valley



This table (no 2 a) states that only 9 (10.23%) out of 88 males were married whereas 384 (79.34%) out of

868 females were married. Considering all together 393 out of 956 were already married.

**Table 2a.** Distribution according to their marital status

Sex	Married	Unmarried	Total
Male	9	79	88
Female	384	484	868
<b>Total</b>	<b>393</b>	<b>563</b>	<b>956</b>

Table 2 b shows that 128 (13.39%) of them in total were illiterate, majority (99.22%) being females. 127(13.28%) of them had not completed the studies of standard five, 96.85% of them being female child.

only 405 (42.36%) had completed their matriculation, 17% of them were male child. Out of these 405, only 7.41% had studied more than class twelve.

If we compare them with their own sex only 1.14% of boys but 14.63% of girls were illiterate. Only 4.55% of boys' but 14.17% of girls had not completed the studies of standard five. 17.05% of boys and 47% of girls had not completed their

school. It was found that 81.82% of boys and 38.36% of girls had joined the college. Out of them only one male (1.14%) and only 19 (2.19%) of girls had joined the diploma level of studies.

**Table 2 b.** Distribution according to education

Education Sex	Illiterate	<5 class	6 - 9 class	10 - 12 class	> 12	Total
Male	1	4	11	61	11	88
Female	127	123	285	314	19	868
<b>Total</b>	<b>128</b>	<b>127</b>	<b>396</b>	<b>375</b>	<b>30</b>	<b>956</b>

Similarly, Table 2 c below shows that 35.94% of girls are housewives. 521 (54.50%) are students and are still studying. They are 78.41% of boys and 52.07 % of females. 17.05% of boys and 4.38 % of girls are doing some job for their earning. The nature of their

jobs were carpet factory worker, garment factory worker, shopkeepers, waiters, maidservant etc. 4.55% of boys and 7.60% of girls were neither studying or working nor married.

**Table 2c.** Distribution according to occupation

Occupation	Male	Female	Total
Student	69	452	521(54.50%)
Housewife	--	312	312 (35.94%)
Service	15	38	53
Doing nothing	4	66	70
<b>Total</b>	<b>88</b>	<b>868</b>	<b>956</b>

The table below (Table 3) shows that 278 (32.03%) girls presented with menstrual problems and 22.12% (192) came with pregnancy related problems of which different types of abortions were quite common. 15.27 % of these young people presented with the symptoms of infection like PID, vaginal discharge syndrome, genital ulcers etc. Twenty-six of them (3%) came with features of anaemia and all of

them were females. 22 (2.53%) girls had dropped in for family planning services. 20 (2.09%) of them had some psychological problem (mainly anxiety), 11 of them were boys and 9 were girls. 9.62% of them had various types of skin problems. Acid peptic diseases, ENT problems, common cold, eye problems and other general illnesses and generalised weakness are some of the common ailments of this group.

**Table 3.** Distribution to according to their problems

Diagnosis	Male	Female	Total
<b>Menstrual disorder -278 (32.03)</b>			
Dysmenorrhoea		121	121
Menorrhgia		50	50
Irregular menses		49	49
Sec. Amenorrhoea		58	58
<b>Pregnancy related-192 (22.12%)</b>			
Pregnancy		191	191
Puerperal sepsis		1	1
<b>Infection-146 (15.27%)</b>			
Genital ulcers	2	4	6
PID		32	32
Koch's abdomen/ chest		7	7
UTI	3	58	61
Labial abscess.	0	2	2
Leucorrhoea		24	24
Gastroenteritis	2	1	3
VDRL +ve	4	3	7
Amoebiosis /worm	1	3	4
<b>Anaemia – 26</b>			
<b>Family Planning – 22</b>			
<b>Psychological-20</b>			
Anxiety	11	9	20
<b>Sexual – 8</b>			
Premature ejaculate + sex desire	7		7
Sexual assault		1	1
<b>Skin Lesions-92</b>			
Skin lesions	23	45	68
Prurites vulvae		24	24
<b>Neoplastic- 6</b>			
<b>Breast Problem-12</b>			
<b>Orthopaedic Problem -4</b>			
<b>Others- 130</b>			
Missing-20	4	16	20
<b>Total</b>	<b>88</b>	<b>868</b>	<b>956</b>

**Discussion**

It is an excellent example of how Ministry of Health can coordinate with donor agencies and work with national professional organisation to improve the health and awareness level of the people in the country. Even if there were few difficulties in running this centre, good numbers of young people have attended this clinic. There has been slight drop in their attendance in the month of Bhadra, Asoj and Kartik, which may be because our main national festivals fall in this period of the year. Less number of male clients in the centre may be because of the more number of female service providers (all of them

were obstetricians) and because of fewer advocacies about the centre<sup>3</sup>.

It was good to see that though the centre was named as adolescent friendly centre, quite a good numbers of youths were also found to attend and get the service from this centre. Clients were not returned from here just on the grounds of not falling under the age group of adolescents. This may be because all the service providers and counsellors were trained and aware about the importance of adolescents, youths and young people<sup>4</sup>.

It was very exciting to see that 32.74% of the clients were from outside the valley. This is not because of the strong advocacy about the centre in and outside the valley but this may be because people from all over the country, have come to Kathmandu and are staying here at the moment for security and other reasons.

This study has clearly shown that unlike males, majority of females are married at a very early age, which might be the reason of their deprivation from education and other opportunities<sup>5</sup>. This type of gender discrimination may be the reason of why 14.63% of girls were illiterate and almost equal percentage of girls had not completed the studies of standard five in comparison to the boys of similar age. Similarly 47% of girls had not completed their school and only 19 (2.19%) of girls had joined the diploma level of studies.

Because most of the young girls (80%) are already married, most of them are deprived of further educational and employment opportunities and 35.94% of girls are leading their lives only as housewives. Though 47.28% of the girls seems to be students very few of them had an opportunity to complete their matriculation too. 17.05% of boys and 4.38% of girls are doing some job for their earning at an age when they should be concentrating on their studies and career building. Various unfavourable circumstances usually force them to quit their studies and opt for either a married dependent life or a life of labourer where they are further exposed to many high-risk factors<sup>6</sup>.

As majority of these young people are females it is quite understandable that 278 (32.03%) girls presented with menstrual problems but one has to think seriously when a significant number of (22.12%-192) young people present with pregnancy related problems including different types of abortions and reproductive tract infection (15.27 %). This might have a grave consequence in the social, economic and academic development of the society<sup>7,8</sup>.

Anaemia seems to be more common among girls probably because they are underprivileged group in our society and this gender discrimination starts right from their mother's womb<sup>5</sup>.

Awareness about the family planning method seems to be very low. Only 22 (2.53%) girls had dropped in for family planning services. This may be the cause of high pregnancy related problems as well as reproductive tract infections among them.

Variety of health and development problems like reproductive health problems, growth problems, psychological problem, skin problems, Acid peptic diseases, ENT problems, common cold, eye problems, other general illnesses and road traffic accidents seems to be common among them. This indicates to nothing but the need of a multidisciplinary approach to help and support these young people in a true sense.

### **Conclusion**

Adolescents are the special group of population whose needs should be sensitively addressed. Adolescent friendly centre can play a vital role to support and help a good number of adolescents of the society. Need of a separate adolescent friendly centre or a separate department of adolescent medicine in all the health institutions and other regions of the country seem to be very clear. Therefore Number of such centres should be increased but the environment of such centre should be suitable to cater both the sexes of adolescents equally. Adolescents need to be provided with adequate information and skill, counselled and supported for continuity of their education and to get married at an age when they are able to lead a dignified independent life.

Adolescents of any cast and any part of the country might have almost similar health and development problems but the girls seem to be much more underprivileged in terms of nutritional, educational and employment opportunities.

It is also evident that adolescents have diverse type of age, sex, circumstances and behaviour related problems, which need to be addressed in an effective way for which besides counselling services multidisciplinary services are of utmost importance.

It also indicates that administrative and healthcare providers and all other staffs of the health care facility should be very well oriented and aware about the adolescent health and development issues.

### **Acknowledgement**

First of all I would like to express my acknowledgement to all the young people who attended this centre for one or the other reasons. Without them this study would not have been complete. Next I would like to convey my sincere thanks to Dr. Damodar Pokharel, Medical Director of Bir Hospital and Prof. S.M.Padhye, NESOG President who kindly allowed me to collect this data and publish it.

I would also like to express my gratitude to Dr. Sudha Sharma, Immediate Past President NESOG and newly elected president of Nepal Medical Association, who has not only worked hard for the establishment of this adolescent friendly centre but also has inspired me to work for the adolescents.

#### References

1. Family Health Division, Department of Health services, Ministry of Health, His Majesty's Government of Nepal. National Adolescent Health and Development strategy 2000.
2. Family Health Division, Department of Health services, Ministry of Health, His Majesty's Government of Nepal, NESOG. Adolescent Health and Development: Adolescent friendly Health services training: Content book. October 2001.
3. USAIDS, Unicef. A survey of teenagers in Nepal for life skill development and HIV/AIDS prevention. April 2001.
4. Barbara Barnett, Jane Schueller. Meeting the needs of young clients: A guide to providing reproductive health services to adolescents. Published by Family Health international. 2000.
5. Ramesh K Adhikari. Early marriage and child bearing: risks and consequences. Towards adulthood: Exploring the sexual and reproductive health of adolescents in South Asia. WHO publication 2003. Page 62-66.
6. Sarah Bott, Shireen J, Iqbal S, Chander P. Towards adulthood: Exploring the sexual and reproductive health of adolescents in South Asia.
7. Saroj Pachauri, K.G.Santha. Contraceptive behaviours of adolescents in Asia: issues and challenges. Towards adulthood: Exploring the sexual and reproductive health of adolescents in South Asia. WHO publication 2003. Page 108-113.
8. WHO. Women, Girls, HIV and AIDS: preventing new infections, promoting equal treatment access and mitigating the impact. 2004.