

Adolescent Health Committee FOGSI

# ADOLESCENCE

Newsletter 2016



# Message's From

**Dr. Alka Kriplani**



**President FOGSI**

India has the world's largest youth population - every 5<sup>th</sup> person is an adolescent (10 - 19 yrs) and every 3<sup>rd</sup> person is a youth (15-24 yrs). While the national sex ratio is 940 women to 1000 men the ratio is still alarming in this segment - 898 adolescents and 908 youth. The role of a gynaecologist is important and is multifarious in this scenario.

I congratulate Dr. Sampathkumari, Chairperson, FOGSI Adolescent Health Committee for conducting various programs and for motivating a no of fellow members to conduct similar programs in various parts of our country.

Still a lot needs to be done in the areas of improving on the MDG (millennium development goal), lowering MMR, declining fertility ratio and Anaemia Eradication. I wish to echo her request that if each one of our member visits a school and a college every month we can cover almost the entire youth population and ensure that tomorrow's India is dynamic, vibrant and healthy.

In this Adolescent Health Committee Newsletter she has compiled activities of the committee in the last one year which will encourage her committee members to do more and motivate a lot other members to take up this issue in their area of operation.

I wish Dr. Sampathkumari and all her team members all the success!

**Dr. Rishma Dhillon Pai**



**President FOGSI 2017**

"Education should not be the filling of a pail, but the lighting of a fire." — William Yeats

The Adolescent Committee of FOGSI is one of its most active committees under the able leadership of Prof. Dr. S. Sampathkumari. As the young blood is the future of India, so also the young gynaecologists are the future of FOGSI. With this in mind, as FOGSI President, I

have initiated "FOGSI FUTURE" the youth wing of FOGSI. This will be actively working in all aspects of academics, social work and extracurricular activities. They will be mentored by their seniors and helped to become more accomplished young gynaecologists.

An academic publication is being brought out by this group, on 'New Drugs in obstetrics and Gynaecology'. A large Youth Summit is being organized in February in Mumbai where school and college children are being actively involved in educational and recreational activities. Dr. Suchitra Pandit, Dr. Priti Vyas, Dr. Sudha Tandon are actively involved in this alongwith the adolescent committee Chairperson, Dr. S. Sampathkumari.

In 2017, we are conducting school programmes across the length and breadth of India drawing attention of youngsters to the importance of good nutrition, exercise and a healthy lifestyle. We will also be gathering data during these programmes to understand the dynamics of young India.

The adolescent committee is also conducting a wonderful CME during the AICOG 2017, which covers very important topics of extreme relevance to management of problems in adolescents.

Our four YUVA FOGSI's in Lucknow, Navi Mumbai, Thrissur and Guwahati are being planned meticulously with full participation of the young gynaecologists. Lot of innovative ideas are being put into practise during these events including special prizes for young achievers and women of substance.

I wish Dr. S. Sampath Kumari and the adolescent committee all the best for their activities during AICOG and throughout the year. What they do makes a difference to the future of FOGSI and India.

**Dr. Sadhana Gupta**



**Vice President FOGSI 2016**

It is a moment of great pleasure and pride that I pen down message for Adolescent Newsletter to be released under aegis of FOGSI Adolescent Health Committee in the Capacity of FOGSI Vice President 2016.

Adolescent constitute 15% of our total population and they are considered healthy and full of enthusiasm by and large. Yet Adolescence is an age of change, transition and turmoil for human beings at physical to psychological level. It is age period when a person start to look into its identity, its purpose of life and so seems to be struggling with parents & society. Adolescent girls especially in our country faces double challenges because first of all they undergo more physiological change in form of the secondary sexual characters and menarche for future reproductive function and many times they also find themselves in more restriction and lesser opportunities in various fronts of life as compared to their peer boys.

Here comes the role of professional bodies and social leaders. At this juncture of life if we can make them aware of basic physiology of reproduction and how to care themselves by good nutrition, healthy ways of living, care during menstruation and build their confidence, it goes a long way in their life. Beside preventive and promotive health interventions are best done at this age like Rubella and HPV vaccination, correction of endocrine disorders and safe sexual practices.

Another important platform is the teaching and training of professionals in optimum management of various medical & Gynaecological disorders which is being taken very intensively and continuously by our federation.

We also have joined hands with our Paediatrician colleague and their organization for comprehensive effort. Dr. Mehroo Dara Hansotia dedicated her presidential theme in 1999 to adolescent girls, since than FOGSI has ever taken care of adolescent and youth in many programs.

Dr. Sampath Kumari is dedicated and dynamic chairperson of FOGSI Adolescent Health Committee and she has conducted and coordinated immense number of Adolescent public programs in schools, colleges, Print and electronic media. Many symposiums and C.M. E. For Adolescent health issues are also being conducted Pan India by Adolescent health Committee of FOGSI.

I heartily congratulate Dr. Sampath Kumari for her constant endeavour and wish her and her team all the best.

**Dr. Hrishikesh D. Pai**



**Secretary General FOGSI**

Dear FOGSIans,

Wishing you all a very Happy and Prosperous New Year!

It gives me immense pleasure to write a few words for the Booklet regarding the activities of the "Adolescent Health Committee of FOGSI". I have observed activities of this Committee in this year. I was impressed by the enthusiasm of the Chairperson & the members of the Committee.

I take this opportunity to congratulate Dr. Sampathkumari, Chairperson of Adolescent Health Committee who has shown immense enthusiasm, energy and vibrancy in publishing this Newsletter and wish her great success in her future academic endeavour.

**Dr Hema Divakar**



**Past President FOGSI & FOGSI Representative to FIGO**

**Towards tomorrow – doing our bit for adolescents!**

**Known facts**

Adolescence derived from Latin word "ADOLESCERE" which means to grow to maturity. It is the period of transition from childhood to adulthood. According to WHO, it is the age between 10-19 years which accounts for more than one fifth of the world population.

Adolescence poses distinct array of reproductive and sexual health challenges.

**Why focus on adolescent health?**

Sheer numbers worldwide and in our own country bring about the significant need to work towards tomorrow. Worldwide – 1 of every 5 person is between 10 – 19 years (WHO REPORT) and in INDIA- adolescent population is 243 million (2009 population survey) i.e, 22.8% of total population and U.P alone is having – 24.9% (NFHS-3).

There is an unmet need regarding nutrition, reproductive health and mental health because of prevalence of Anemia - Girls - 56%, Boys – 30% (NFHS – 3), early age of marriage below 18 years - 38% and Teenage pregnancy & motherhood – 16.4 % are special and challenging issues in our country.

**PYRAMID OF NEEDS OF ADOLESCENTS HAS BEEN RECOGNISED**

1. Early Adolescents – 10 to 13 years: Requirement of education & health regarding puberty, related physical behavioral changes and gender issues.
2. Middle Adolescents – 14- 16 Years: Requires more information on reproductive sexual health, menstrual cycle, age of marriage and conception, counselling services.
3. Late Adolescents – 17 to 19 years: Access to reproductive and sexual health, pregnancy, antenatal, intra natal, postnatal services, MTP services, PC & PNDT act, vocational and skill development & greater avenues for employment.

With leaders like Dr Sampathkumari and the force and commitment of hundreds of champions in FOGSI, we are confident of presenting India with better health for a better tomorrow.

**List Of Office Bearers  
 Team FOGSI 2016**

**President** : Padmashri Dr. Alka Kriplani  
**President Elect** : Dr. Rishma Pai Dhillon  
**Past President** : Dr. Prakash Trivedi  
**Secretary General** : Dr. Hrishikesh D Pai  
**Vice Presidents** : Dr. Sadhana Gupta  
 : Dr. Bharati Dhorepatil  
 : Dr. Vineet Mishra  
 : Dr. Revathy Janakiraman  
 : Dr. Ashis Mukhopadhyay

**Deputy Secretary General** : Dr. Jaideep Tank  
**Treasurer** : Dr. Madhuri Patel  
**Joint Treasurer** : Dr. Suvarna Khadilkar  
**Joint Secretary** : Dr. Garima Kachhawa

## Chairperson's Views...

From the data spread out on these pages everyone can easily find out that the contours of Adolescent programs have undergone noticeable changes. Doyens of the field like Dr. Duru Shah, Dr. Roza Olyai have laid out the path on which we are comfortably traversing. But the present day generation's needs are enlarging that are unique and quite challenging. The successful youth Rally I had organized at AICOG 2015:Chennai further evolved into a pan India rally commencing from the southernmost tip - Vivekananda Rock and culminated at Agra AICOG 2016 with Dr. Jayam Kannan leading it.

The ever changing social milieu and the massive reach of social media such as Facebook, Whatsapp and Twitter have diminished the impact of such educational programs. Instead adolescents need a much more inclusive approach to their problems than a mere lip service to their problems, which is why we are involving experts from other fields like Dermatologists, Psychiatrists, Endocrinologists and Swamiji's to talk on subjects relevant to youth today. In a way it has become imperative along with health aspects topics on Character development, dealing with stress and career ambitions are dealt with in order to clarify their doubts and enrich their knowledge base to take on future challenges with courage and gusto!

Even in rural schools when adolescents are encouraged to ask questions, verbally or in written form to maintain anonymity, the resource persons get unnerving questions which they themselves had not faces during their adolescent years. While 'innocence' is seen at one end the other end is literally extreme, what with questions on use of contraception and so on. Dodging such questions or giving less informative answers will only push them to seek answers from other sources which will only lead them on the wrong path. Hence, it is essential as well as 'Need of the hour' to deal with them honestly and sincerely. Reason why current adolescent programs are modified and sculpted to the demands of current adolescent generation - the 'GeNext'.

School administrators have woken up to the emerging challenges and hence are more cooperative these days when we approach them for the conduct of our adolescent programs. Our member societies should make of this situation and reach out to the adolescent community more positively and enthusiastically.

Hence forth our agenda should be all encompassing - scientific inputs, social outlook, multi disciplinary approach etc. In short we should train our guns at the larger perspective - the Adolescent Gynaecology! The upcoming youth brigade should be fit not only medically but also physically, morally, socially as well as mentally. To face greater challenges... to fight greater evils... to place our country on a bigger and taller pedestal. Jai ho !

## The year that was...

After taking over from Dr. Jayam Kannan at AICOG AGRA I wrote to the Presidents and Secretaries of all OG societies to encourage its members with the tag line of 'atleast one school and one college every month by every member we will be able to cover the entire youth population of our country.

The appeal elicited a heartwarming response with a no of members writing to me for the module for such a program. Within about 8 months more than 100 programs were conducted across the country. That enthusiasm transpired into a number of programs that are listed down here - Awareness programs for students and teachers and scientific programs for doctors.

### 7 Youth rallies

1. Adolescent Rally - Kanyakumari to Agra - AICOG:16
2. Rally at Chengalpattu Medical College for Women's Day - 9.3.16
3. Rally at YF South Zone Madurai-21.5.16
4. Rally at Pune - FOGSI FIGO BBConference, 24.6.16
5. Rally /Marathon with at Trichy - FOGSI Endometcon'16 - 23.7.16
6. Rally at BIJAPUR - KSOGA ALL KARNATAKA SOCIETY
7. Rally at YF East Zone at BURDMAN 16.12.16

### Public Forum

1. AICOG 16 at Kanyakumari -10.1.16, Chennai -11.1.16 & Agra -13.1.16
2. Chengalpattu Medical College -9.3.16 Women's Day
3. FOGSI - FIGO BBC 24.6.16 - Pune
4. Trichy FOGSI ENDOMETCON 23.7.16
5. Bijapur KSOGA
6. Bardhman YF EAST ZONE 16.12.16

### 13 CMEs & Workshops

1. AICOG 16 Agra 13.1.16
2. Bhubaneswar AOGO 14.5.16
3. Luknow society 18.6.16
4. Salem society 5.6.16
5. Theni society 21.7.16
6. Dindugal society 1.10.16
7. SOCOG - Surat 14.10.16
8. Madurai 22.10.16
9. OGSSI, Chennai 9.11.16
10. Mangalore society 20.11.16
11. Bijapur - KSOGA 24.11.16
12. Panel at YF West 5.3.16
13. Panel at YF South 21.5.16

### 8 ToTs

1. IMA Tirumalai 7.2.16
2. IMA Chennai South doctors 12.3.16
3. North Zone doctors 4.4.16
4. South Zone doctors 16.4.16
5. Guduvanchery HUD 10.5.16
6. Tagore Medical College 29.7.16
7. IMA Kancheepuram doctors 13.9.16
8. Mangalore Society 20.11.16

### 139 School Programs

- South Zone - 56  
49- Tamilnadu Societies,  
16 - Adol programs by Kerala Societies
- North Zone - 51  
Lucknow, Kanpur, Allahabad, Dehradun,  
Beharich & Yavatmal
- West Zone - 24  
Rajkot, Vapi, Amravati
- East Zone - 8  
Kalyan, Silchar, Bardhman

### Projects

- With Rotary Club Awareness prog on Menstrual Hygiene - 50 schools  
Rubella Vaccine - 50 schools
- A study on Hygiene among adolescents has been conducted at various level schools. About 2000+ responses are being codified.
- Already published an article on Menstrual Health among Chennai Slumadolescents. 2 more in January 2017.

### Adolescent Committee in Media

- Adolescent Problems with School students, AIR:Chennai on 28/1/2016
- 'Adolescent Problems' - Live relay Doordarshan: Chennai June 2016
- 'World Population Day Celebration' on U N O them - 'Investing on Teens', AIR:Chennai 11/7/2016
- Dr. Alok Sharma - talked on adolescent problems AIR: Shimla
- Dr. Girish Mane on Sept 7, 2016 Radio Prog & Local Television
- Counselling through SKYPE with TRIPURA school Oct'16

## Yuva Fogsi



Panel Discussion at WZ YF at Rajkot on 5<sup>th</sup> Mar'16



Adolescent Health Module released at South Zone Yuva FOGSI, Madurai on 21<sup>st</sup> May'16



Talk at NZ YF at Ghaziabad on 4<sup>th</sup> Apr'16

# The year that was...

## Important Milestones

- Released School Health Modules at Yuva FOGSI South – Madurai 21.5.16
- Booklet on Adolescent Gynaec Problems released at OGSSI Workshop on Adolescent Health on 11.11.16
- Yavatmal Society – Distributing about 10000 pamphlets & CDs on Adolescent Hygiene to all schools in the area – 23.10.16
- Mission 12 + 12 g Hb – Surat Society Initiative with Unicef
- Lucknow Society – Collaborating with State Health dept in the distribution of Iron & Calcium supplements in schools
- Attended Consultative Meeting on Adolescents conducted by Ministries of Health & Family Welfare and Youth Welfare, Govt of India, New Delhi as Adolescent Committee Chairperson on 12/4/2016.

What we have collated here is less as many are yet to file their reports. It has become immensely clear that members are ready and that we only have to channelize their energy and convert it into action. I further appeal to all Presidents and Secretaries to motivate their members as I always say, 'We owe it to our country'.

Jai ho!

With Pranams to all,

**Prof. Dr. S. Sampathkumari**

Chairperson, FOGSI Adolescent Health Committee 2016-18



## Other notable events -

- Adolescent workshop with Mangalore society on 28.10.16. 120 doctors participated with an observer from Karnataka Medical Council, Dr. Kiran attending it. He informed the gathering that he would suggest to KMC that such programs should be encouraged and conducted all over Karnataka
- Adolescent workshop with Chennai OGSSI annual conference on 8.11.16 - 180 doctors were deputed from TN Govt PHCs. FOGSI South zone VP Dr. Reavathy Janakiraman, Dr. Aswini Bhalariao from Mumbai and Dr. Ramanidevi were the chief faculties.
- Salient features of the Workshop were
  - A Booklet on Adol Gynaec Problems was released at this event
  - An ADOLESCENTS CLUB was inaugurated with ANTRCOG
  - A TRIBATE on adol problem was done with students, teachers and parents in the AN session

With Best Wishes from

**Dr. Roza Olyai & Dr. Jayam Kannan**

Past Chairpersons, Adolescent Committee



# Adolescent Health Programs in East Zone

## East Zone Yuva FOGSI at Bardhaman on 16/12/2016

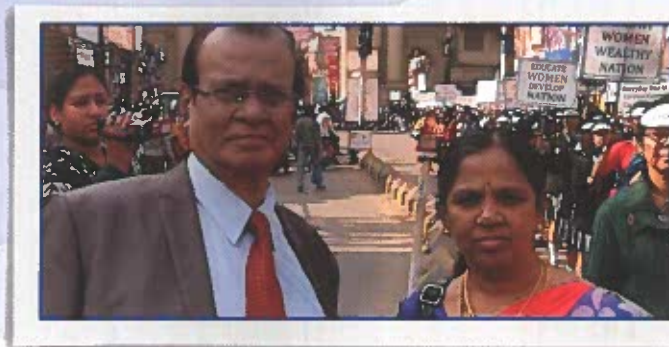
A rally was organized with more than 850 students from 10 schools. Student drumsters lead the march through the busy streets of Bardhaman with placards on 'Anaemia, Save the Girl Child, Cancer Awareness, Obesity and Nutrition'. Later a counseling session was conducted by Dr. S. Sampathkumari, Chairperson Adolescent Committee and Dr. Basab Mukherji conducted a panel discussion. A Q & A session which lasted for more than 1 hour was very much appreciated by students, doctors. Special invitee Swarniji from Ramakrishna Math, spoke on the need of spiritual and social development of students. The event was organised by Dr. Sushant Das, Org Chairperson & President BOGS, Dr. Basab Mukherji and Dr. Sushma.

### KALYANI Society

- Springdale School – 1.8.16 - Dr. Dutta & Dr. Banashree
- Kendriya Vidyalaya, Ordinance Factory School Dum Dum – 6.8.16  
Dr. Bimal Chandra Bhadra, Dr. Banashree

### SILCHAR Society

Assam Holy Cross School 9 & 15.9.16 by Dr. Arun Debnath, Dr. Kirti Ranjan, Dr. Debi Dasdutta & Dr. Monika Das



# Youth Friendly Health Services

Dr. Ashwini Bhalerao-Gandhi



Vice President, FOGSI 2013

Adolescent and young people stand at the threshold of adult world. People aged 10 to 24 years are called as 'young people'. We need to focus our attention towards the health needs of this group (a) to reduce mortality and morbidity now, and during their future lives (b) to respect their rights to health care, in general and reproductive health care, in particular (c) to enable them to pass on good health to their own children as they are the future parents

Newer challenges faced by young people: Early puberty, Nuclear families, Academic pressures, Urbanisation, Industrialisation, Effect of mass media, Explosion of technology, Globalisation, Experimentation (Internet, mobile phones etc)

## Health problems faced by young people

Malnutrition / obesity / eating disorders, Mental health problems, Scholastic difficulties, Addictive behaviours, Accidents, violence, Menstrual problems, Early and unprotected sex, Premarital sex, minimal use of contraceptives, Unwanted pregnancies, abortions. Prevalence of RTIs, STDs. Female genital mutilation and Sexual abuse.

Barriers preventing them are Lack of knowledge on the part of the youth, Legal or cultural restrictions, Physical or logistical restrictions. Poor quality of clinical services, Unwelcoming services. High cost, Gender barriers, Peer pressure.

## Characteristics of Adolescent Friendly Health Services

Adolescent friendly health services need to be accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient. These characteristics are based on the WHO Global Consultation in 2001 and discussions at a WHO expert advisory group in Geneva in 2002. They require:

### 1. Adolescent friendly policies that

- Fulfil the rights of adolescents as stated in the UN Convention on the rights of the child and other declarations.
- Do not restrict providing health services on basis of sex, religion, age, disability, race etc.
- Provide special attention to gender needs.
- Take into account needs of general population including vulnerable and underserved groups.
- Ensure privacy and confidentiality and promoting autonomy so that adolescents can consent to their own treatment and care.
- Make sure that services are provided free of cost or at affordable charges for adolescents.

### 2. Adolescent friendly procedures to provide

- Quick as well as confidential registration, storage and retrieval of records of patients.
- Minimal waiting time and prompt referral, if necessary.
- Flexibility of availing consultation with or without appointment welcoming walk-in clients.

### 3. Adolescent friendly health care providers who

- Are trained to provide specific promotive, preventive and curative services tailor-made to each client's circumstances and maturity level.
- Are well motivated and supportive.
- Have non-judgmental attitude and are trustworthy.
- Having good communication skills.

### 4. Adolescent friendly support staff who are

- Trained and motivated.
- Able to treat each adolescent client with equal care and respect.

### 5. Involvement and participation of Adolescent and youth, so that they are

- Aware of their rights and services available.
- Encouraged to respect the rights of others and are involved in giving suggestions regarding variety of services provided.



Adolescent Workshop at OGSSICON'16 at Chennai on 11.11.16 with Dr. Ashwini Bhalerao Gandhi as Chief Guest

### 6. Adolescent friendly health facilities that

- Are located at a convenient place with an appealing ambience.
- Provide safe and clean environment.
- Have flexible and convenient hours of working.
- Offer privacy and are devoid of stigma.
- Provide IEC material.

### 7. To solicit involvement of gatekeepers eg. parents, teachers, social workers, politicians etc.

- So that they develop trust in the health care system endorsing its utilisation by the youngsters.
- To diffuse opposition by staunch religious, social and cultural authorities.

### 8. Provision of outreach, as well as Community based services involving peer educators.

### 9. Appropriate and comprehensive services that

- Provide umbrella of services looking after physical, mental, social, sexual and spiritual needs of adolescents.
- Provide majority of services under one roof and referring to higher services only if required.
- Avoid unnecessary procedures, investigations etc.

### 10. Effective health services for adolescents

- Involving evidence-based protocols and guidelines.
- Having technical expertise, necessary equipments and supplies including medicines, vaccines etc. necessary to deliver adequate health care.
- Having a process of quality improvement by on-going assessment and evaluation of existing facilities.

### 11. Efficient services which have

- A management information system including information on the cost of resources.
- Ability to foresee evolving issues and health problems and to adapt and incorporate changes to tackle them effectively in time.

## A strategy for planning services

Achieve a national consensus for action, Decide on essential services to be provided, Identify & set quality standards, Link related services, Networking, Referrals, Involve young people, parents & community leaders, professionals, teachers, Political support, Marketing, Media, Help-Lines, Public- Private Sector Co-ordination, Involvement of NGOS Creating awareness and providing specific services catering to adolescent reproductive and sexual health is the 'Need of the hour'.

## Suggested Reading

Adolescent Friendly Health Services – An Agenda for change, by Peter McInture, Oxford, UK with support from Department of Child & Adolescent Health & Development, WHO, Geneva in 2003

## *Health with the Adolescents*

**Dr Priti Kumar**

**North zone coordinator**

**FOGSI Adolescent health committee, Lucknow**

Why Rekha aged 20 yrs developed gross obesity and developed early onset metabolic syndrome? Why majority of adolescent girls in our country are still undernourished and are anaemic with low bone density? Many more questions still remain unanswered when we talk about adolescent health status of our country. More than 26% of global population is formed by adolescents. Majority of these adolescents are present in developing countries. India has the largest population of adolescents, almost 243 million, followed only by China. Adolescents population will continue to grow, therefore it is imperative that problems related to adolescents are addressed in right earnest. It is important that we help our adolescents grow into healthy adults who are the tomorrow of India.

Adolescents are a very diverse population segment because they are in the different stages of development. They may be in the stage of early, mid, or late adolescence. They are living in different circumstances i.e. they may be living in urban area or in rural area or in slum area or they may be street children and those living in different circumstances. They may be married or unmarried adolescents. They have different needs and they have diverse problems.

### **Adolescent health status in India:**

- 45% of adolescent girls are under nourished
- 20% of adolescent boys are under nourished
- Early marriage: 26% < 15yrs – girls, 54% < 18yrs
- 20 – 30% adolescent boys sexually active
- 10% adolescent girls sexually active
- 59% adolescents know about condoms
- 49% adolescents know about contraceptives
- 4.5% drug abuse
- 50% of all HIV positive new infections are in the age group of 10 – 25yrs

We need to focus on adolescents for certain important health issues. Adolescence is the period of rapid physical growth, sexual and psychological changes. Habits and behavior picked up during adolescence have lifelong impact. Adolescence is the last chance to correct the growth lag and malnutrition. Many adolescent boys and girls are sexually active but lack information and skill for self-protection. They have simple but wide pervading crucial reproductive health needs- menstrual hygiene, contraception (including emergency contraception) safety from STI and HIV and Communication gap exists with parents and other adults (lack of family "Connectedness"). All these facts have got important public health implications.

The 70% of the mortality in adulthood is linked to habits picked up during adolescence. Prevailing malnutrition, anaemia, stunting and lack of immunization have adverse impact on MMR, IMR, and morbidity that have intergenerational effects. The story is well known that a stunted adolescent getting married giving rise to a low birth weight baby, that too female, again unable to develop or develop in to a stunted female and the cycle keeps on repeating. Similarly Adolescent sexuality leads to adolescent pregnancy, unsafe abortion, RTI, STI/HIV and social problems.

Adolescent pregnancy, the risk of ADVERSE outcome (IMR, MMR LBW babies) again is higher. Lack of "connectedness" with parents and other adults prevents transmission of health messages and crucial skills leading to adoption of risky behaviour, substance abuse, early sexual debut and STI, HIV etc.

Several adolescent health programs like Kishor Shakti Yojana - To Improve health and nutritional status of girls, Balika Samridhi Yojana - To delay the age of marriage, Nehru Yuva Kendra - Act as the Awareness Unit - Through active participation of youth, Mahila Samakhya Program - Equal access to education facilities for adolescent girls and young women, School AIDS education and many other programs instituted for the improvement of adolescent health but 'Did we get the desired output?'

FOGSI's initiative of adolescent health activities touching every nook and corner and of remote schools imparting health education has given a new change to these health issues. The feedback forms taken after every adolescent program gives us the idea as to how far are we justified in doing such programs and where is the specific need.

### **We need to have more adolescent health care clinics with the following facilities:**

- Reproductive Health services
- Sexual & Reproductive health education
- Contraception
- Pregnancy testing and option
- MTP
- STD/HIV Screening counselling and treatment
- Prenatal & postpartum care
- Well baby care
- Nutritional services
- Growth & development monitoring
- Anticipatory guidance about substance abuse and other risk taking behaviour
- Counseling for life skill development
- Screening for various disorders

Adolescent health in India is still in an infant stage, and at risk of infanticide. If we want to deliver a comprehensive package to our adolescents, then we have to first over-come a range of obstacles and join hands with Governmental and also non-governmental organizations working for the same mission and with a common objective.

Adolescent Gynaecology has also emerged as a sub specialty catering to the special needs pertaining to this age group. Problems such as vulvo vaginitis, menstrual disorders, vaginal bleeding, pelvic pain, disorders of sexual developments, chronic illnesses, and learning disabilities have deep rooted ramifications in the society.

The future lies with development of various training modules to provide appropriate training to the clinicians and the need for the children to be seen in their environment in totality. And, hence our Mission should be: From 'health for the adolescents' to 'health with the adolescents', there is still a long way to go.

## *Adolescent Health Programs in North Zone*

Adolescent Health Program at Nursing Institute of King Georges Medical University, Lucknow on 19th Dec 2016. With the comments on need of Adolescent health by Dr. Indu Tandon (President LOGS) & Dr. S.P. Jaiswar (Secretary LOGS). Dr. Manju Shukla (Chairperson Adolescent Committee LOGS) delivered a talk on 'Impact of Fashion on Adolescent Health' Dr. Priti Kumar (North Zone Co-ordinator Adolescent Health) spoke on 'Impact of Obesity on Adolescent Health'. The Programme Co-ordinator was Dr. SUJATA

Adolescent Health Program at Gorakhpur Medical College during UP Chapter of OBGYN on 27 Nov. 2016. 100 Adolescent boys and Girls Participated in the program from ST. PAULS School Gorakhpur. All Adolescent Health issues were discussed. Dr. Amrita Jaipurayar (Gorakhpur), Dr. Rajul Singh (Bahraich), Dr. Varada (Lucknow), Dr. Manisha (Lucknow) Dr. Geeta Gupta (Gorakhpur), Dr. Rekha Gupta, (Kanpur) were the faculties and the program was co ordinated by Dr. Sadhana Gupta & Dr. Priti Kumar.

BOGS Bareilly, under the auspices of FOGSI organized an adolescent health program in Kanti Kapoor School, Bareilly on the 12th of December, 2016. The program was organized by Dr. Anuradha Kakkar, President, BOGS, and Dr. Latika Agarwal, Secretary, BOGS. Around 200 girls of adolescent age attended. Importance of personal female hygiene and infections, vaginitis, vulvitis and other related problems were discussed. Widespread myths were also clarified and facts explained in detail.

### **"AWAKENING THE YOUTH FOR A BETTER TOMORROW**

**Dr. Kiran Pandey**

**National Coordinator, Adolescent Health Committee Kanpur**

1. Orientation classes in BSND College and Huddard College in 3 phases
2. Allen Institute, Kanpur 16.7.16 and 31.7.16
3. J.N.M. Nursing College 10.08.2016
4. S.P.M Nursing College 16.08.2016
5. Dayanand Girls' College 02.09.2016

#### **Work With NGOs:**

- THE YOUNG ACHIEVER'S GROUP (TYAG)-under which currently 9 schools are involved.
- Indian Development Coalition Of America (IDCA):Kanpur chapter of IDCA held in March 2016 in Merchant Chamber of Kanpur where main emphasis was laid on improvement of Adolescent Health to improve Health Structure in India

### **LUCKNOW Society**

- Nursing Students Program 20<sup>th</sup> May'16
- Nursing student program at Krishna Medical Center 27<sup>th</sup> July' 16
- Arya Kanya School 29<sup>th</sup> July' 16
- Govt Girls Inter College 2<sup>nd</sup> Aug' 16
- Town Hall Public School 3<sup>rd</sup> Aug' 16
- Red Cross School 30<sup>st</sup> Aug' 16
- Nari Shiksha Niketan 31<sup>st</sup> Aug' 16
- Nursing Institute of King Georges Medical University 19<sup>th</sup> Dec' 2016.

- Dr. Indu Tandon (President LOGS) & Dr. S.P. Jaiswar (Secretary LOGS). Dr. Manju Shukla (Chairperson Adolescent Committee LOGS) delivered a talk on 'Impact of Fashion on Adolescent Health' & Dr. Priti Kumar (North Zone Co-ordinator Adolescent Health) spoke on 'Impact of Obesity on Adolescent Health'. The Programme Co-ordinator was Dr. SUJATA

### **JAMMU Society**

- KC International School 10th Sep 16, 140 Boys 90 Girls
- Heritage School 6th Aug 16, 201 boys 146 Girls - by Dr. Meeta

### **KANPUR Society**

4 programs by Dr. Kiran Pandey, Dr. Sangeetha & Dr. Bandrasarma

- Allen institute - 16<sup>th</sup> & 30<sup>th</sup> July' 2016
- J.N.M Nursing College - 16<sup>th</sup> July' 2016
- S.P.M College - 2<sup>nd</sup> Sept' 2016

### **DEHRADUN Society**

3 programs by Dr Manisha and team : Children's Academy School

### **ALLAHABAD Society**

4 programs by Dr Ranjana Khanna, Dr Amita, Dr Meera Lakhtakia

### **BEHRAICH Society**

- St. Norbet School - 200 students
- Dr Rajul Singh, Dr. Pragya Tripathi - Distributed Iron & Calcium to the adolescent girls.

### **GORAKHPUR Society**

Adolescent Health Program at Gorakhpur Medical College during UP Chapter of OBGYN on 27 Nov. 2016. 100 Adolescent boys and Girls Participated in the program from ST. PAULS School Gorakhpur. Dr. Amrita Jaipurayar (Gorakhpur), Dr. Rajul Singh (Bahraich), Dr. Varada (Lucknow), Dr. Manisha (Lucknow) Dr. Geeta Gupta (Gorakhpur), Dr. Rekha Gupta, (Kanpur) were the faculties and the program was co ordinated by Dr. Sadhana Gupta & Dr. Priti Kumar.

### **BAREILLY Society**

At Kanti Kapoor School, Bareilly on the 12th of December, 2016. The program was organized by Dr. Anuradha Kakkar, President, BOGS, and Dr. Latika Agarwal, Secretary, BOGS. Around 200 adolescent girls attended. Importance of personal female hygiene and infections, vaginitis, vulvitis and other related problems were discussed.



# Adolescent Health Programs in North Zone





# Youth, The Future pillars

**Professor Dr. Revathy Janakiram**



**VICE PRESIDENT  
 SOUTH ZONE FOGSI 2016**

Creating awareness on Adolescent Health is the need of the hour. Today's younger generation is very smart & it is our duty to drive their energy in the right track for the benefit of both themselves as well as Nation. Nowadays Adolescents face dangers more complex than previous generations and often with less support. Their physical & mental health need to be shaped well. In the past 2 decades I have conducted more than 200 adolescent camps in villages, schools and colleges, in which I found that they are very eager to know a lot about health, including, preventive, sexual, genetic, contraception, advanced technologies and so on. Also through these camps I realised that we need to find out the set backs, their local problems and give solutions to them. For example, provision of toilet, water facilities, waste disposal, understanding of Hygiene, available food options, and so many other simple correctable things which need to be provided to them.

The school camps I conducted includes one session for students and another for parents & teachers, who really are with them for maximum time to continue the instructions we give. I am happy to be part of the 12/12 initiative of FOGSI, which we under took in many corporation schools. In that it is found that girls are more worried about their external appearance than about Anemia. Unfortunately in almost all camps I found more than 50% having less than 9 gms of HB. Simply telling them about the iron rich food is not enough, but it must be made available to them in a delicious acceptable manner either in hostel or at home. Followup proved to be very encouraging.

Recently in an interactive session at Chennai FOGSI meeting, the girls expressed clearly the generation gap & what they expect from their parents & teachers, which was really an eye opener. The need for sex education, the limitation of their relationship with opposite sex friends, need to be handled very gently with them. Needless to mention that educating the parents as well as Teachers on Adolescent health is essential.

An adolescent club has been started in Madurai OG society of FOGSI which is conducting regular health awareness camps in schools & colleges. Students themselves are willing to take part in street plays, roll plays, and are willing to come to villages to take part in health camps.

In one of the ARTS college at Madurai where I regularly take classes on reproductive health, the Principal has taken effort to give project work to the students on various health aspects like Anemia, PCOS, Endometriosis, Nutrition and so on as part of the curriculum, for which I am the Guide.

The YOUTH, the future pillars of our NATION are really brilliant and we need to just shape them & tune them to the right path.

FOGSI, through Adolescent Committee, Chairperson like Dr Sampathkumari and her team is taking tremendous efforts in bringing up the spirit in Adolescents.

LONG LIVE FOGSI.

## Star Programs



STAR Programs for budding doctors were conducted at 2 Medical Colleges in Chennai - Kilpauk & Stanley. Advocates and Police personnel were also invited to share their viewpoints from their respective fields.



**STAR prog at Stanley Medical College on 28.12**



**STAR prog at Kilpauk on 12.10**



**STAR prog at Stanley Medical College on 28.12**



**STAR prog at Kilpauk on 12.10**

## Interviews & Counseling Programs



**SKYPE Counseling to adolescents in a school, Udaipur 55 kms from Agartala**

**Dr. Sampathkumari on Chennai Doordarshan**



# Adolescent Program by Trichy Society

## Dr. Ramani Devi Chairperson, Endometriosis Committee

Trichy O & G society members have conducted around 40 awareness programmes in and around Trichy. The topics discussed were menstrual hygiene, gynaecological disorders like PCOS, Endometriosis, fibroids, vaccination, adolescent nutrition, sexuality, premarital sex, teenage pregnancy, mental health and spiritual health. The school teachers were appreciative of the awareness programmes.

At the end of the programme a questionnaire was given to the students and their feed-backs were obtained. Children liked the interactive session and they wanted more such sessions. Even the teachers felt, that doctors could educate the school students in a refined way. Some of the students expressed, they have not heard about such valuable advice in their life time.

Bharathidasan University and Trichy O&G society together did a Training of Trainers programme for 40 members which included teachers, VHNs, NGOs regarding adolescent and family counselling. 8 members of the Trichy O & G

## Dr. Sripriya Prakasam President, TRIOGS

society gave training on Reproductive health care, Nutrition, premarital sex, Teenage pregnancy & complications, Menstrual Hygiene, Sexually Transmitted Diseases and adolescent contraception. By this TOT our society members were discriminating the knowledge of counselling to the unreached areas.

### List of Adolescent programs by TRIOGS:

Health & Endometriosis awareness program 22.07.2016 Inaugurated by Worshipful Mayor, Trichy -Mrs. Jaya & FOGSI Adolescent Committee Chairperson, Dr. Sampath Kumari. Conducted with various ladies clubs of Trichy

WISH (Women's Involvement in Sanitation Health and Hygiene) - LEO Club of Trichy Engineering College and TRIOGS have jointly conducted the health awareness in the following schools :

A 6 day Training of Trainers [TOT] programme on "Family & Adolescent ouselling" jointly by dept. of women's studies, Bharathidasan University & Trichy O & G society from 28/11/2016 to 3/12/2016.



SNO	DATE	FACULTY	COLLEGE NAME
1.	11.01.2016	DR. T. RAMANI DEVI	CAUVERY COLLEGE
2.	21.01.2016	DR. SRIPRIYA PRAGASAM	SRC COLLEGE
3.	08.02.2016	DR. T. RAMANI DEVI	MAM COLLEGE OF NURSING
4.	11.02.2016	DR. KALPANA BALAMURUGAN	FATHIMA COLLEGE
5.	16.02.2016	DR. T. RAMANI DEVI	RADIO PROGRAM
6.	20.02.2016	DR. SELVA PRIYA	NAGERCOIL WOMEN'S COLLEGE
7.	24.02.2016	DR. MALATHY PRASAD	IS NURSING COLLEGE
8.	24.02.2016	DR. KAVITHA SENTHIL	SIT COLLEGE
9.	29.02.2016	DR. PUNITHA RAJESH	CHIDAMBARAM PILLAI COLLEGE
10.	29.02.2016	DR. SRILAKSHMI	MAM ENGINEERING COLLEGE
11.	01.03.2016	DR. HEMA MALINI	UDV COLLEGE
12.	01.03.2016	DR. UMA VELMURUGAN	EVR COLLEGE
13.	04.03.2016	DR. LAKSHMI PRABHA	CAUVERY ENGINEERING COLLEGE
14.	07.03.2016	DR. MALATHY PRASAD	BHARTHIDASAN UNIVERSITY
15.	07.03.2016	DR. UMA VAIDHYANATHAN	BHARDHIDASAN UNIVERSITY CC
16.	08.03.2016	DR. SELVA PRIYA	TEACHER TRAINING INSTITUTE
17.	09.03.2016	ENDOMETRIOSIS AWARENESS PROGRAM	TRICHY
17.	10.03.2016	DR. SRIPRIYA PRAGASAM	AIMAN COLLEGE
18.	14.03.2016	DR. MAHALAKSHMI	PAVENDER BHARATHIDASAN COLLEGE
19.	18.03.2016	DR. KALPANA BALAMURUGAN	MADURAI MEENAKSHI COLLEGE
20.	23.03.2016	DR. HEMA MALINI	UDV COLLEGE

## *Adolescence... What a Dilemma!*

**Dr Suchitra Sudhir**

**Adolescent Committee Chairperson of Kerala State Kerala**

**Adolescence..... Too old to be a child, and too young to be an adult! What a dilemma!! Sometimes being scolded for being childish, at other times being upbraided for not being mature...!**

Adolescence is something like a half opened rosebud...if well nurtured and saved from harm, it will go on to blossom like a beautiful flower, but alas, if neglected, it may be blighted forever. In olden days, we used to have large joint families, where aunts, cousins, elder sisters were all too willing to lend a sympathetic ear and give a helping hand, during the tumultuous teenage years. However, now, with nuclear families, both parents working, only one or just two kids in a family, who has the time and the patience to clear the doubts of the youngsters? These girls are going to grow up to be the wives, mothers of tomorrow....they are the promise of tomorrow. If they are unhealthy, with confused minds, under nourished bodies, then the next generation they produce will be even worse! This is why the FOGSI has given much emphasis on the Adolescent programs. We focus on the Physical, Mental and Social well being of adolescents.

### **PHYSICAL Health**

Basically, adolescence is a period when the body begins to change and the differentiation between male and female begins. As the girl grows, she becomes aware that she is becoming more womanly, her shape, her skin, her looks become an object of utmost importance to her. The most remarkable milestone is menstruation. This is the beginning of her unique power to become a Mother. Many children are confused and apprehensive. They hear a lot of myths about this condition. When we Gynecologists go to their school to clear their doubts by encouraging them to write their doubts on paper anonymously they need not fear ridicule from others.

### **MENTAL Health**

Stress is very often a great problem for teens. Pressure to study and perform well are from parents, teachers and peers. Comparing with other children is something that dampens the enthusiasm of youngsters. Once, after taking a Class for Plus one and Plus two students, one girl, shyly approached me after the session. I was shocked, when she began with the words, "Doctor, I don't want to live!" I gently coaxed her and finally, she said it was her Mom, who was always blaming her for not coming up to their expectations. She even scolded her saying, "I can't believe how we got a stupid child like you!" I consoled and advised her not to get upset and over react. At the same time, I called the teacher and told her to talk to the Mother of this girl. Two days later, the teacher called me and said, the Mother says that her child has no time to be stressed out, as she is given the best of food, the best of tuitions, and also every convenience ... This is true of most parents, they don't bother about the child's feelings, in the rat race to make them showpieces in society. This is the reason for so many suicides among youngsters. We as Doctors are able to relate to both students and their parents to avoid this mental torture.

### **SOCIAL Health**

We are all social beings and need interaction with others. Teenagers especially, need acceptance by their peers and elders. For this they may go to any extent. They need a good role model to base their personality on. Sadly, nowadays, it is difficult to find such people in "Real" life, so they turn to ones in "Reel" life....stars and heroines in films and serials become their icons. Very often, this leads to disastrous results. So, we try to help the adolescents by telling them anecdotes and real life examples, so that they maintain their balance in life

In Short we tell adolescents, that this stage is cute and they are like "dolls" ....but they should be like "A Doll with Sense"....that is good Adolescence!!

Hopefully, we can create a better generation through our Adolescent Awareness programs. We really thank our dynamic Adolescent Chairperson of FOGSI Dr Sampath Kumari, for her unfailing guidance and techniques that she has shared with us to conduct these classes, along the length and breadth of our country.

## *Kerala School Programs*

### **Adolescent health awareness classes.**

#### **In Cannanore OBG Society**

1. Sivapuram HSS....100 students attended. Classes were taken by Dr Sindhu on 30.8.2016
2. Mattanur HSS : 80 students attended .Classes taken by Dr Sindhu on 18.7.2016
3. Iritty HSS: 120 students attended. Classes taken by Dr Suchitra on 12.1.2016
4. Koodali HSS: 100 students attended.Class taken by Dr Suchitra on 20.2.2016
5. Chavassery HSS: 60 students attended.Classes taken by Dr Sindhu on14.6.2016
6. Malur HSS: 200 students attended. Classes taken by Dr Sindhu on 2.8.2016
7. Kolakkad HSS: 110 students Classes taken by Dr Suchitra Sudhir on 25.11.2016
8. Velamaanam: HSS : 200 students , classes taken by Dr Suchitra Sudhir on 18.11.2016
9. Edayannur HSS 100 students : classes taken by Dr Suchitra Sudhir on 29.11.2016
10. Mattanur Sree Sankara HSS. Class taken for Mothers and Plus one & plus two girls on 12.12.2016
11. Pinarayi HSS : Class taken by Dr KV Seethalakshmi on 11.11.2016

#### **Calicut OBG Society launched Adolescent Health program association with Kozhikode Municipal Corporation on 19.8 2016.**

1. Ganpath HSS: 120 students classes by Dr Atmaja Nair on 27.8.2016
2. Kuttikattoor GHSS, 140 students Classes by Dr Jayasree on 12.8.2016
3. BEM HSS Calicut : 80 students : Classes taken by Dr Smitha Santhosh on 27.7.2016
4. Marikunnu GHSS : Classes by Dr Smitha Santhosh on 2.11.2016
5. Govt Vocational HSS, Thiruvannur : 80 students :Class taken by Dr Reshma on 2. 12 . 2016

#### **Thrissur OBG Society**

1. Vivekodayam Girls HSS 60 students Classes taken by Dr Deepthi, on 18.8.2016
2. Chaldon Syrian HSS 150 students : taken by Dr Jyothi Mary Jose on 23.8.2016

#### **Cochin O&G Society**

1. Renewal centre, Kochi...Talk by Dr Gracy Thomas on 13.9.2016
2. Premarital Counselling for young girls at Renewal centre by Dr Gracy on 31.10.2016
3. Counselling for mothers of teenage Girls by Dr Gracy on 16th October 2016 awareness classes for girls from many schools by Dr Gracy on Nov 14th 2016

#### **Kottayam O & G society**

1. K E School Mannanam Adolscent awareness by Dr Binu, Dr Kala and Dr Vijayan 21.10.2016.
2. Navodaya School, Kottayam; By Dr Sathy MS in November
3. Puthupally Technical HSS, Class by Dr Bessy

#### **Wayanad O & G Club**

Dr Omana Madhusudhanan conducted classes

#### **Trivandrum Society**

Classes by Dr Lekshi ammal

#### **Kannur OG Society**

In Kannur, we are mainly tying up with the Lions International, as they have a program, called Gynaec awareness for adolescent Girls. Also, the Government has a Souhryda Club, on Friday afternoons in many Govt schools, so they invite us to take one hour class on that day.

Kottayam and Trivandrum societies are conducting classes on a regular basis at the Govt Hospitals.



# Adolescent Health Programs in South Zone

## Programs by OGGSI Members

Schools	Date	No. of Students	OGSSI Members
Tagore Higher Sec School	18.7.16	220	Dr. Geetha & Dr. Meena
Govt School, Velachery	12.8.16	150	Dr. Geetha & Dr. Meena
Govt School Medavakkam	19.8.16	200	Dr. Geetha & Dr. Meena
Karanakurichi School	26.6.16	80	Dr. Premalatha
Kayambedu Hr Sec School	3.8.16	100	Dr. Premalatha
Anandhavalli Hr Sec School	19.8.16	200	Dr. Premalatha
SRGDS school TV malai	17.8.16	94	Dr. Radha
Govt Hr Sec School, Thairur	3.9.16	40	Dr. Premalatha
Alpha Matriculation, Sembakkam	27.8.16	200	Dr. Geetha
Jagannathan Hr Sec School, Kelambakkam	27.8.16	50 + 30 Teachers	Dr. Premalatha
Vidhya Mat School	23.8.16	180	Dr. Geetha
Presidency Govt Hr Sec School, Egmore	30.8.16	500	Dr. Geetha & Dr. Meena
Patrician College, Adyar	3.8.16	800	Dr. Kalaivani
Perambur Govt Higher Sec School	9.3.16	300	Dr. Rajapriya Ayyappan

## Programs by Dr. S. Sampathkumari

- ARC Nursing Students - 16.1.16 - 69 students
- Chinmaya Hr Sec School, Valasaravakkam - 21/1/2016 - 120 students
- St. Michaels Hr Sec School, Adyar with I M A Chennai - 10/3/2016 - 82 students
- Program at Urappakkam Govt Hr Sec School on 4/7/2016 - 250 students
- St. Joseph's Hr Sec School, Maduranthagam on 8/7/2016 - 120 students
- Thoraipakkam Govt Hr Sec School - 1/7/2016 on Doctors Day
- Theni Hr Sec School with Theni OG Society on 21/7/2016
- Guduvanchery GGHS - 1.9.16 - 500 students
- Shenoy Nagar School on 11.8.16 with Rotary IW Club - 80 students
- With IMAs - IMA Tiruvannamalai - 52 doctors participated, 7.2.16
- IMA Chennai South - Women's Day - 72 doctors, 12.3.16
- IMA Kanchipuram - 13.9.16

## Programs by OG Societies in Tamilnadu

- **Nagercoil Society** - Dr. Susan, Dr. Geetha, Dr. Maya, Dr. Mary Anne  
 - Pioneer Kumarasamy College,  
 - St. Xaviers College of Nursing,  
 - Hr Sec School, Kanyakumari)
- **Madurai Society** - Dr. Kalpana Balamurugan  
 - SVN Arts & Science College 9.9.2016
- **Dharmapuri Society** - Dr. Malarvizhi  
 5 Govt Schools & 160 students at Govt Hr Sec School, Palayampudur,  
 Hosur - Dr. Chitra, Govt School - 100 students 3.8.16
- **Dindigul Society** - Dr. Vijaya, 15.9.16
- **Trichy Society** - Dr. Ramanidevi - 5.8.16 - 200 students - School  
 - Holy Cross College (15/9/16) by Dr. Sripriya Pragasam  
 - Seethalakshmi Ramasami College (10/3/16),  
 - Jamal Mohammed College, ...  
 - Program at Sai Mandir, by Dr. Jayam Kannan, 18.7.16
- **Tuticorin Society** - Dr. Suba & Dr. Mohana  
 - Alagar Public School 19.7.16 -140 st  
 - Holy Cross Angelo Indian School, 4.7.16 - 210 st  
 - St. Antony School -20.6.16 - 78 st
- **Theni Society** - Dr. Shanthadevi & Dr. Shanthi Rani
- St Joseph's Hr Sec School - 12.2.16 - 80 students
- Gayathri Matriculation School - 21.7.16 - 200 students

## Projects Done

- With Rotary - Inner wheel Club: Counseling on Menstrual Hygiene & Rubella awareness. To cover 100 schools
- First school - Dr. B M Sundaravadanan Hr Sec School, Arumbakkam addressed on 29.8.2016
- Bakthavatchalam School, Korattur on 15.10.2016
- Ramasamy Mudaliar School, Ambattur on 1.11.2016

## Adolescent Health Clubs - a FOGSI & ATNRCOG initiative

### Dr A Jaishree Gajaraj & Dr S Sampathkumari

"The Adolescent Friendly Health Clubs" was launched as a joint initiative of FOGSI and ATNRCOG (Association of Tamil Nadu members of the RCOG UK) under the umbrella of the FOGSI Adolescent Committee. The primary aim of this initiative is to promote physical and mental wellness amongst the youth of today in order to ensure good health in the future citizens of India.

Health as we are all aware is low down on the priority list of any teenager. Our aim will be to instill a sense of responsibility in our youngsters and encourage them to actively participate in dedicated programs.

We have identified specific areas to concentrate on as we roll out the program. These special areas of interest will be anaemia, obesity and behavioral changes. The success of this initial activity will help us to add on many more programs.

Reaching out to an adolescent and ensuring sustained interest is a difficult task. We intend to engage our young friends by

- Using special apps
- Social media - Facebook, Twitter, Whatsapp
- Chat over coffee - debates, talks, discussion on current health topics
- Celebrity encounters

The first school to accept the initiative was AV Meiyappan Matriculation Higher Secondary School. The Correspondent Mrs. Nidhya Guhan has offered to launch the first program. As we enroll more schools we will form a conglomerate of adolescent clubs across the city, across the country - increased numbers will definitely translate to a more meaningful reach.

OGSSI, Chennai will associate with the efforts taken in Chennai.

Endorsement by professional bodies like FOGSI and ATNRCOG will help in maintaining the initiative and reaching adolescents all over India.



## Mangalore CME

A CME on Adolescent Health was conducted at A J Institute of Medical Sciences, Mangalore on 20.10.16 with Dr. Kavitha D'Souza, HoD-OG, Dr. Vatsala Kamath, Prof-OG, Dr. Prema DaCunha, President MOGS and Dr. Murlidhar Pai from Kasturba Medical College, Manipal were the lead resource persons. An observer from Karnataka Medical Council Dr. Uday Kiran took keen interest and expressed his desire to have more such programs for which he would impress upon the Karnataka Medical Council. Later Dr. Vatsala also gave a talk to the students of MHA - Master of Hospital Administration, on the need to focus on Adolescents' health.



Consultative Meeting on Adolescents conducted by Ministries of Health & Family Welfare and Youth Welfare, Govt of India, New Delhi by MAMTA as Adolescent Committee Chairperson on 12/4/2016

ADOLESCENT HEALTH WORKSHOP	
6.00 - 10.00 am	Registration of participants & Addressing the Workshop Inauguration by the Minister of Health & Family Welfare, Government of India Inauguration by the Minister of Health & Family Welfare, Government of Karnataka Inauguration by the Minister of Health & Family Welfare, Government of Tamil Nadu
10.00 - 11.00 am Session 1	Chair person: Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi Addressing the issue - Health and adolescent Head of the table: Dr. Anandha Lakshmi Sundar Guest: Professor, All India Institute of Medical Sciences, New Delhi
11.00 - 11.30 am	Dr. Binayak
11.30 - 12.00 pm Session 2	Chair person: Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi Chairperson: Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi Panelists: Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi, Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi
1.00 - 1.30 pm	LUNCH
1.30 - 2.00 pm Session 3	Chair person: Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi Panelists: Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi, Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi
2.00 - 3.00 pm Session 4	Chair person: Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi Panelists: Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi, Dr. Binayak Choudhury, Dr. Rajeshwari, Dr. Swathi

**Workshop on Adolescent Health**  
 Hand Book on Adolescent Health

Friday, 11<sup>th</sup> November 2016  
 Govt KGH, Triplicane, Chennai  
 Dr. S. SAMPATHKUMARI  
 Chairperson  
 FOGSI Adolescent Health Committee

Program schedule of Workshop, where about 120 doctors from Govt Primary Health Centres (Directorate of Public Health), Chennai Corporation and private practitioners participated. A Handbook on Adolescent Gynaec Problems was released at the event.



# Adolescent Walkathon - Bijapur on 24<sup>th</sup> Nov 2016

**Dr. Vidya Thobbi**  
**President, Bijapur OG Society**

An Adolescent workshop was conducted in Vijayapura on the 24th of November 2016, by the BOGS under the aegis of FOGSI Adolescent committee with the aim of bringing into focus, the issues of Adolescence related to forming a self image, managing emotions, building relationships, strengthening social skills and dealing with or resisting peer pressure.

The Walkathon started from the Basaveshvar Circle and culminated in the Kangadal Ranga mandir to create awareness of Adolescent health. Students, teachers and general public participated in large numbers. SS high school, Prerna high school, BM Patil high school to name a few.

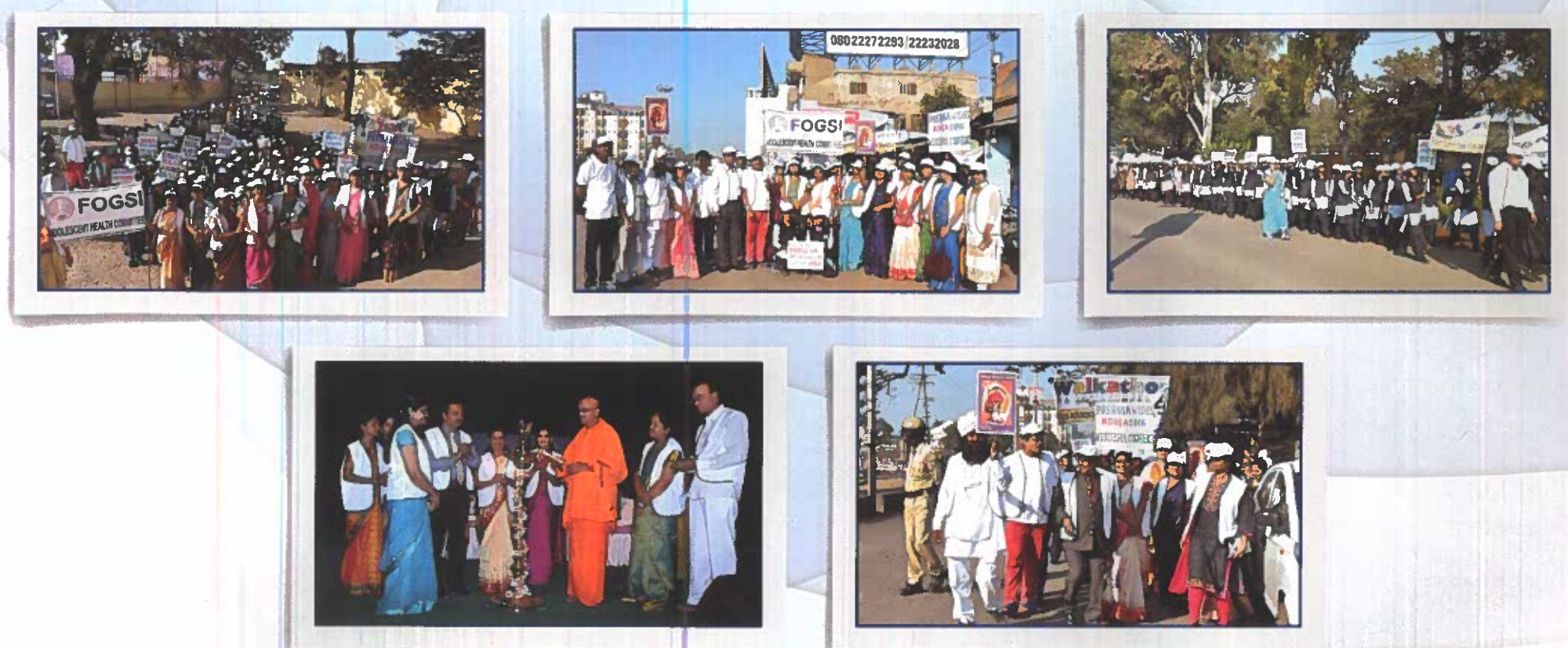
Sri Nirbhayananda Saraswati Swamiji of the Vivekananda Ashram, Vijapur enlightened the audience on the sensitive period in each and every one's life, A great orator that he is, his words touched the hearts of the audience, leaving them spellbound. He told, with today's exposure that the individual is subjected to chances of him falling into temptations are very high. If he is not taught, what is right and what is wrong, his young impressionable mind might take a step which may cause irreparable damage. So, it is our duty to guide these young individuals to the righteous path.

Dr. Sampatkumari, Chairperson of the Adolescent Committee, FOGSI, spoke on the importance of nutrition and a healthy life style. The body of Adolescent is in a process of change, physical and mental, and how best to be receptive and adaptive to these changes. How best the girls and the boys can welcome this transition into adulthood was demonstrated by madam.

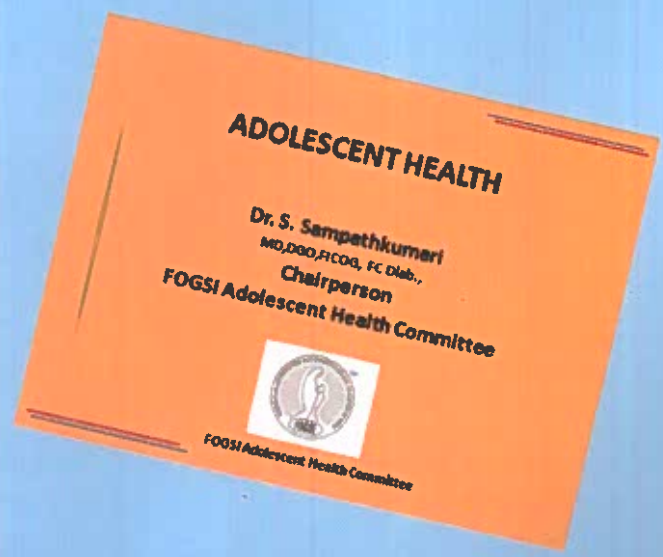
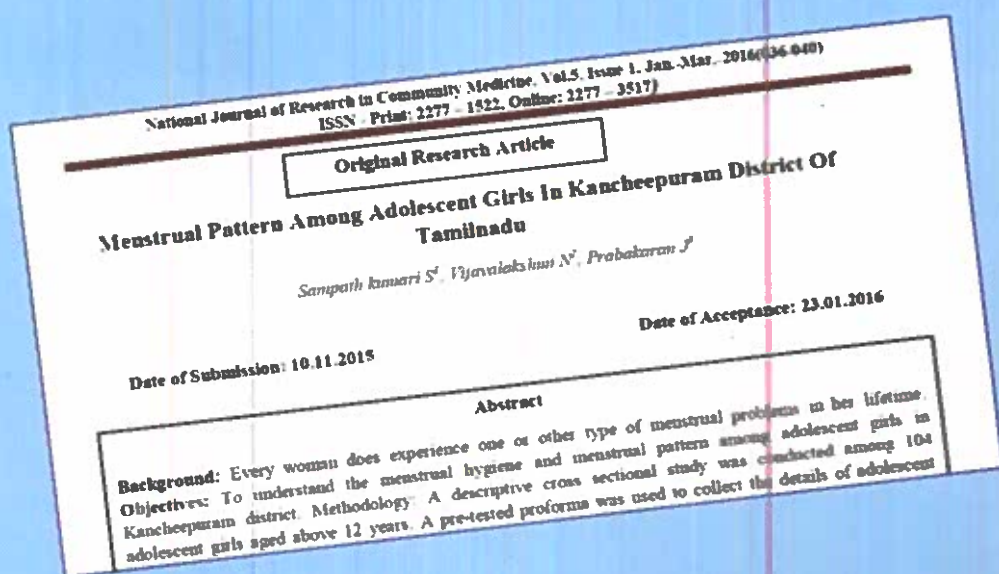
Dr. Salim Dhundasi, Dean AMCH, was the Guest of honour. Dr.Yarnal, Dr.Vidya Thobbi, Dr. Manprit, Dr.Jyoti korbu were the other dignitaries. The audience had the best of obstetricians of Vijayapura, so also prominent personalities from all walks of life.

The skits presented, were thoroughly enjoyed, driving home the social message of Educating the Girl child. The Tribate was equally enjoyed, where the young minds presented their ideas in various dialects, reaching out to each and every one present. It was a feast to the ears to hear the young girls speak so confidently on the topic we so dearly hold to our heart, infusing a sense of pride and sheer joy that our future is in good hands. And, that we are doing our part in laying a strong foundation and nurturing individuals who will shoulder the responsibility of a healthy society.

In all, it was an event well organized and excellently executed.



## Publications



# HIV Statistics in Adolescent

**Dr Madhuri Chandra**

**Chairperson HIV AIDS Committee, FOGSI**

**President Bhopal OG Society**

Adolescence is a phase of transition when the carefree child transforms into a responsible adult. It is a time of experimentation, peer conformation, first-time experiences, with risk of potential exposure to sex, drugs and STI (HIV). Today, we have a young population with 25% or 1809 million people between 10-24 years of age (The World's Youth Data Sheet 2013), though strictly adolescence is defined as age group 10-19 years. Data on HIV in adolescence is scarce but individuals in the second decade of life are more vulnerable to acquiring HIV than adults and harder to care for once transmission has occurred for many reasons – biological, social, psychological and legal. About one in seven new HIV infection in 2014 occurred in 15-19 year age group.

## Global summary of the AIDS epidemic (2015)

Number of people living with HIV	36.7 million
People newly infected with HIV in 2015	2.1 million
AIDS deaths in 2015	1.1 million
Estimated number of adolescents 10-19 living with HIV	2,000,000 (Female -1,100,000, Male – 920,000)
Estimated number of adolescents 15-19 newly infected with HIV	220,000 (Female -140,000, Male – 85,000)
Estimated number of adolescents 10-19 dying of AIDS related causes	60,000 (Female-28,000, Male –31,000)

The Headline News on World AIDS day, 1st December'15, stated "Hidden epidemic of HIV hitting adolescents in Asia Pacific region with an estimated 50,000 new infection among 15-19yr oldswarn UN agencies". Though new infection rates in adults are falling world over, in adolescent there is a rising trend due to risky behavior, multiple sex partners and inconsistent condom use. 10 countries that is Cambodia, China, India, Indonesia, Myanmar, Pakistan, Philippines, Thailand and Vietnam account for 98% of adolescent HIV in this region. (Adolescent: Under the radar in Asia Pacific AIDS response).

Globally, there are 26 new HIV infections among adolescents (15-19) every hour. 64% of the 250,000 new HIV infections among older adolescents (15-19 years) in 2013 were among girls. HIV AIDS is the #1 cause of adolescent deaths in Africa and the #2 cause of adolescent deaths globally. Though worldwide deaths due to HIV are on the decline, in adolescent age group, deaths have tripled since 2000.

## HIV statistics in India. NFHS 2005-2006

Age Group	HIV Prevalence		
	Male	Female	Total
15-19	0.1	0.07	0.04
20-24	0.19	0.17	0.18
Total Age 15-49	0.36	0.22	0.28

School going girls are less likely to be married young or have sexual exposure, while out of school girls are exposed to premarital sex, early marriage, unwanted pregnancy.

Most HIV infections in adolescents are sexually acquired, though with ART and improved care of children living with HIV, there will be more perinatal exposed children surviving to adolescence. Particularly vulnerable are impoverished, unemployed, underemployed, mobile/migrant youth, adolescents in sex work, young injecting drug users and street children as they are faced with high risk behavior in their everyday life, are less likely to have information on the risks of contracting HIV and means of protecting themselves from the infection. Stigma and ignorance about HIV, along with policy and legal barriers (such as age

of consent or punitive laws), make accessing treatment and prevention services difficult or impossible for many adolescents. This is a particular issue for key affected populations, men who have sex with men, female sex workers, adolescents who inject drugs, transgender and street children.

In India strategies for youth are included in Tenth/Eleventh Five Year Plan, which identify adolescents as a distinct target group for policy & programmer focus. The National Population Policy 2000 recognizes health needs of adolescents as 'underserved group', National AIDS Prevention & Control Policy II recognizes youth as one of the segments for prevention programs, NACP IV has a special focus on young people, National Youth Policy 2003 promotes access for all young people to health information and services, articulates need for HIV/AIDS and sexual health education.

## Interventions to reduce HIV infection in adolescence

- Behavioral intervention: sexuality education, behavior change communication (BCC), delay sexual debut, reduce numbers of sexual partners.
- Biomedical tools & technology: reduce the likelihood of risk behavior leading to HIV transmission -consistent condom use, needle exchange, microbicides, male circumcision, increase coverage and utilization of testing & counselling services and anti-retroviral (ARV) medication.
- Societal intervention: facilitate risk reduction and maximize the reach and impact of prevention services. Policies to ensure access to interventions, to set age at marriage, to reduce stigma & discrimination, to prevent & punish acts of sexual violence; to change social norms, for example age-disparate sex; to alter gender norms; conditional cash transfers to encourage completion of schooling.
- Harm reduction: A comprehensive package of evidence-informed services for people who use drugs, consisting of Needle and syringe program, drug dependence treatment, HIV testing and counselling, and Antiretroviral therapy, prevention, diagnosis and treatment of STI's, viral hepatitis, tuberculosis.

## Factors hampering access to treatment:

- Nature of STIs & of diagnostic methods: most STIs and HIV are asymptomatic infection, there is lack of affordable screening tests and inaccurate risk assessment.
- KAS (knowledge, attitude & skills): Lack of knowledge of symptoms, STI treatment has low priority among them, they do not know the place for treatment, do not have skills needed to express sexual health problem and there is fear of examination, fear of parents & other adults finding out.
- Access to services: Long distances to clinic & lack of money, unfriendly/ judgmental providers, legal barriers to testing, parental consent, punishing legal environment, severe taboos, harassment by police.
- Poor case management: Drug shortages, ineffective drugs or suboptimal doses used, failure of informal providers to educate, promote & offer condoms.

## NACO Guidelines 2013

WHO Clinical Stage	Recommendations
<b>HIV Infected Adults &amp; Adolescents</b>	
Clinical Stage I and II	Start ART if CD4 < 350 cells/mm <sup>3</sup>
Clinical Stage III and IV	Start ART irrespective of CD4 count
<b>For HIV and TB co-infected patients</b>	
Patients with HIV and TB co-infection (Pulmonary/ Extra-Pulmonary)	Start ART irrespective of CD4 count and type of tuberculosis (Start ATT first, initiate ART as early as possible between 2 weeks to 2 months when TB treatment is tolerated)
<b>For HIV and Hepatitis B and C co-infected patients</b>	
HIV and HBV / HCV co-infection – without any evidence of chronic active Hepatitis	Start ART if CD4 < 350 cells/mm <sup>3</sup>
HIV and HBV / HCV co-infection – With documented evidence of chronic active Hepatitis	Start ART irrespective of CD4 count

## ART issues in adolescence

Disclosure, Developmental delays, Transition difficulties from childhood to adulthood which may influence choice of appropriate ART regimens, Adherence issues, Psychosocial support needs, Physical and sexual issues

## 'All In' to #EndAdolescentAIDSGlobal initiative. Two bold objectives by 2020:

- to reduce HIV infections among adolescents by at least 75 per cent, and
- to increase the number of adolescents living with HIV on lifesaving treatment to 80 per cent.

# Adolescent Health Workshop in Surat

**Dr. Manisha Jhavar,**  
**President, Surat Ob & Gyn Society & President, SOGOG**

Surat Ob & Gyn Society organized an Adolescent health workshop on 14 Oct. 2016 at Mahavir Cardiac Auditorium, Surat. The workshop was based on the theme of sharing knowledge between specialists of different fields caring for adolescent health. The workshop was sponsored by UNICEF & attended by more than 70 delegates.

A Brainstorming session on 13th Oct 2016 was conducted among the doctors, NGOs, gram health workers and the actual target audience - the adolescents as a precursor to the workshop the next day.

As we all know many adult diseases have their origin in childhood, PCOS, which is the root cause of the exponential increase in diabetes can be prevented by a healthy life style not just in childhood but child of a mother carrying pregnancy with healthy life style has less chances of PCOS. Adolescents and youth make 30-35% of Indian population - the future of India, but unfortunately we see not just metabolic & endocrine diseases but many other diseases have started appearing at least 10 years earlier such as cancers. It seems very fearful to imagine disabled, debilitated or sick life and very painful to imagine today's youth dying at younger age.

Government, social clubs, NGOs, federations all understand the importance of adolescent health & are dedicated towards nurturing the adolescent health. We wanted to form a concrete strategy for securing adolescent health to create a healthy tomorrow. In the pursuit it seemed wise to learn from the experiences of previous workers, it was also essential to know the expectations of the adolescents from their parents, teachers, peer groups and vice versa. It was also thought prudent to know about the existing programs from the public health persons, so we gathered all of them to form a concrete strategy based aiming on creating a healthy tomorrow. UNICEF which is dedicated towards maternal & child health was approached & fortunately they agreed to support the mission.

Four groups were formed consisting at least one person of one specialty to discuss on issues like- Mental health issues & Peer pressure, Nutritional issues/Body Image, Menstrual problems & hygiene & Sexual & reproductive health. All four groups presented their proceeding in brief in front of the quorum. Such sessions bring in new insights for handling the problems.

Mission 12+ for 12+ program aiming for a 12+ Hb for all 12+ females began on 12/12 in Surat to fight anemia, to decrease MMR & IMR. It was found that this mass scale universal screening program shall identify many high risk mothers and would-be mothers, anemia correction would be life saving in them. We plan to approach educational institutes and educate them on the benefits of good Hb. like it improves immunity so the loss of studies is less, it improves concentration to study better, it improves working capacity so that a student can study for long hours.

We aim at reaching most schools & colleges of Surat, make their students peer educators and cover more & more schools so that by 8 March 2017 most women have improved Hb or at least know it should be 12+



**Brain Storming session by Dr. Sampathkumari**





# Programs by West Zone

**Dr. Niraj Jadhav,  
 Rajkot OG Society  
 West Zone Coordinator,  
 FOGSI Adolescent Health Committee**

Adolescence is a phase of rapid growth and development during which physical, physiological and behavioural changes occur. Morbidity and mortality occurring in this age group is mostly due to preventable causes. Young and growing children have poor knowledge and lack of awareness about physical and psychological changes that occurs during adolescence and the ill health affecting them. Existing Adolescent health programmes focus on rendering services like immunization, health education for sexual and reproductive health, nutritional education and supplementation, anemia control measures and counseling. Adolescent health programmes are fragmentary at present and there is no comprehensive programme addressing all the needs of adolescents. Access and availability of health care services are severely limited. Lack of accurate information, absence of proper guidance, parent's ignorance, lack of skills and insufficient services from health care delivery system are the major barriers. Interventions should focus on providing psychological and mental health services and behaviour change communication towards leading a healthy lifestyle.

## Programs by West Zone Societies

1. Baroda : Dr Archana Dwiwedi, Dr Binal Shah, Dr Preeti Niranjani, Dr Minaxi Patel, Dr Sushma Dalal, Dr Alpa Shah, Dr Dolly
  - 16/7/16 Navjeevan school
  - 23/7/16 Shreyas school
  - 23/7/16 ONGC school
  - 26/7/16 New Era school
  - 28/7/16 Shreyas Vidyalay Guj Medium
  - 8/7/16 C H Vidyalay
  - 30/7/16 Shanene school
  - 4/8/16 Aditi vidyalay
  - 4/8/16 M K High school
  - 5/8/16 Kadavari school
  - 10/8/16 Pratap high school
  - 13/8/16 Jivan Shanty Vikas Mandir
  - 16/8/16 Naland international
  - 16/8/16 Auxilium
2. Vapi society : Dr jayshree kapadia
  - 23/7/16 Daman Zari Ashram Shala
3. Rajkot : Dr Niraj Jadav, Dr Mittal Jadav, Dr Kuntal Jadeja
  - 23/7 /16 Sarojini Naydu Girls high school
  - 4/8/16 Murlidhar school Mavdi
  - 18/10/16 Shree savarkar vidhyalay
  - 5/11/16 Rajput kanya chhatralay
  - 9/10/16 Pnt Sheth high school
4. Amravati society : Dr Rashmi Kahar
  - 29/8/16 Manibai Gujarati school



# Adolescent Health Programs in Yavatmal

**DR.GIRISH MANE**  
**President, YAVATMAL OBGY SOCIETY**

**There is a special reason why we and our society are working so hard on adolescent health education:**

Few months ago, 7 little girls in 7 - 14 age group were sexually abused by their teachers in our city. There were many protests by public after the bad incidence. So we felt instead of protesting after the occurrence of such bad incidences, why not to teach the little angels about the adolescence in advance?

In the last 6 months we have done lots of work for the girls of my city and district. Our work is being appreciated by collector of our city, education officer and also by the general public. Till now we have given more than 25 talks.in 20 schools of Yavatmal - even at taluka level places.

We had relayed a radio interview on adolescent health education on 7th Sept. which was rebroadcast many times. An interview on district television with 3 members of the society was telecasted thrice.

Our District Education Officer Mrs. Sucheta Patekar was impressed with this work and she had promised us to spread our work in the entire district.

We had published a 4 page booklet on adolescence with detailed knowledge in local language. Mrs. Patekar is planning to distribute CDs of our TV interview to the 3450 schools of our district and around 25000 booklets to the village girls (personally I am wishing for more than 1 lakh booklets).

**● व्याख्यान**

- 1) विदानी खेळ किंवा नियमित 30 मिनीटे पायी चालणे.
- 2) पाळणीतील खासांसाठी बालासन, तितली आसन, पुष्पासन फायदेशीर ठरतात.
- 3) व्यायामासोबतच ७ ते ८ तासांची शांत झोप अति आवश्यक आहे.

**● स्पर्शचक्षुष**

कुमारांअवस्थेत होणारे बदल स्विकारणे व त्यातून जात असतांना स्वतःला सांभाळणे व संरक्षण करणे प्रत्येकीला जबाब्य पाहिजे.

भाळा, टयुसन, धर, मुकाम, बाजार, प्रवासात कुठेही कुणी वाईट बघेने स्पर्श करीत असेल तर हे पुढे आहे.

लक्षात ठेवा मुद्दाला हात लावण्याचा अधिकार आई किंवा कुणालाच नाही. कधी आजारपणात डॉक्टरांचा सहाय्या घ्यावा लागत असेल तर तेव्हा तुम्हा आईच्या सल्ल्यावर डॉक्टरांना तपासण्यास परवानगी असते.

घार बांधात, एकांतात, पत्र, फोन, मोबाईलद्वारे कुणी शरत देत असल्यास आपल्या घराच्यांना - आई, बाबा, बहीण, भाऊ, आजी, आजोबांना न पाहता सांगत.

घ्यांना आपल्या पहिला व खास मित्र माना. बदनामी पोटी, भितीपोटी गडबडून जाऊ नका. नविन व्यक्ती बा शरत देणा-यांचे आपल्याला जन्म देणा-यांना, वाढविणा-यांना आपली गरज आसत आहे म्हणून कोणताही निर्णय घेण्याआधी आईवडील, शिक्षण ह्यांच्याशी तुलना करा. कारण लपून वा चोरून करायची लागणारी गोष्ट, कुली कधीच बरोबर असू शकत नाही.

तुमच्या सोबतच नाही तर इतर मुलींसोबत काही चुकीचे घडत असल्यास तिच्याशी मैत्रीच्या नात्याने बोलत, समजावून सांगत किंवा मोठ्यांच्या लक्षात आणून द्या तुम्हा इतर मुली वा महिलांसोबत अपमानकारक घडत असेल तर मदतीसाठी प्रयत्न करा.

**● महान मुलांच्या मदतीसाठी**

**भाईक हेल्प लाईन नंबर** आहे तो प्रत्येपुर्वक लक्षात ठेवा. हा टोल फ्री नंबर असल्याने पैसे लागत नाही. ह्या नंबर वर, घडत असलेल्या घटनांची माहिती व पत्रा सांगा. आपल्या तक्रारक मदतीची व्यवस्था पोलीस विभागातून करण्यात येते. स्वतःची ओळख या नाव सांगण्याची गरज नाही.

**हा नंबर आहे 1098 (दहा नऊ आठ)**

**महिलांसाठी मदत क्रमांक आहे 1091 किंवा 100 तर असतोच.**

पौढावस्थेत होणा-या शारीरिक व मानसिक बदलांना न वेळता आल्यास कुमारी माता, गर्भरात, लैंगिक आजार, व्यसनधिनता, निकूट शरीर, आत्महत्या, दंग, बदल, क्रिडेसन इत्यादी अपघटना घडण्याची दाट शक्यता असते.

योग्य आहार, चांगला निद्रापरिहार, घराच्यासोबत मैत्रीपूर्ण वातावरण, संस्कार, शिक्षण, मार्गदर्शन ह्या सर्वोच्च अनुभव उपभोगीत अनन्य साधारण महत्त्व आहे. म्हणूनच ह्या घडणावर जो स्वतःला जपतो तोच जिंकतो !

**म्हणून म्हणते वेदा जरा जपून...!**

-डॉ.सी. सुबाली गिरीब माने



## Distribution of booklets on Adolescent Health Education through education department

आपल्या देशाची उत्पत्ती आपल्या देशाची मान्यता संघर्षात आहे. ती शारीरिक व मानसिक दृष्टीने सुदृढ असणे देशाच्या हिताचे व गरजेचे आहे. म्हणून प्रत्येक मुलीला व मातांना माहिती असली त्या करिता हा छोटासा प्रयत्न.

**● धर्मशास्त्राच्या किंवा कितीतरीवस्थे**

छोट्या मुलीचे रंगानंतर युवतीत होणे याला धर्मशास्त्राच्या अर्थाने म्हणतात. ह्या येळी शारीरिक व मानसिक बदल घडून येतात. जन्मतः मुलगा व मुली यात फक्त जन्मवेदिका फरक असतो. मॅट्रिड ग्लॅंड (Pituitary Gland) द्वारे तयार झालेल्या संतरेच्यामुळे (हार्मोन्समुळे) कदाच्या ११ ते १५ वर्षांमध्ये आपल्या शारीराला अत्यवस्था काळ असतो व शारीरिक व मानसिक बदल घडून येतात.

**● मानसिक बदल**

- १) आपण मोठे झालो आहोत असे वाटणे
- २) स्वतःची ओळख निर्माण करण्याची इच्छा होणे
- ३) स्वतःचे धार, आदर्श जाणणे, संघर्ष नकोही वाटणे
- ४) विश्व किंवा आत्मनिष्ठा
- ५) अति आत्मविश्वास.
- ६) कल्पनाविश्वास रमणे
- ७) स्वभावाचा बदल, जसे धर्मलमना, विडंबित इत्यादी

**● शारीरिक बदल**

- १) उंची वाढणे
- २) वजन वाढणे
- ३) छातीचा व कपडेचा पाच वाढणे
- ४) स्तनांचा विकास होणे
- ५) बागनेत व जन्मनासाच्या वातुला येणे
- ६) पांशर घ्यावा वाहणे पडणे
- ७) मासिक पाळी सुरु होणे.

**● मासिक पाळी**

जन्मतः मुलींना गर्भास्य, अंडास्य व गर्भनिष्ठा असे आंतरिद्रोमे असतात व मुज्जाम, पाळीची जागा (योनिमार्ग) व सकारणी जागा (मरुदार) असे बाह्य अवयव असतात.

पित्तुच प्रदीप्त निघाच्या हार्मोन्समुळे गर्भनिष्ठा आतील पमात रक्त व गरम अस्तर बनते जे गर्भधारणेनंतर बाळग्या बाडीसाठी जपयोगी येते. गर्भनिष्ठात बाळग नसते त्यावेळी हे रक्त व अस्तर जपयोगी येत नसल्यामुळे योनिमार्गातून वाहणे पडते. हा रक्तस्राव साधारणपणे ३ ते ७ दिवस होतो व दर एक महिन्यानी येतो म्हणून ह्याला आपण मासिक धर्म किंवा मासिक पाळी असे म्हणतो.

**● मासिक पाळी मध्ये घ्यावयाची काळजी**

- १) इतर दिवसांप्रमाणेच रोज आंघोळ करावीच
- २) सॅनिटरी पॅडचा वापर करायला
- ३) पॅड दर ४ ते ६ तासांनी बदलावा
- ४) पॅड एखाद्या वापरून नंतर वेपारमध्ये गुंडाळून काचपेटेत टाकण्यात
- ५) पॅड लावण्याआधी व नंतर हात साबणाचे स्पर्श घ्यावेत
- ६) प्रत्येक वेळी जागा पाण्याने स्पर्श घ्यावा
- ७) कापडाने घुसून कोरडी ठेवावी
- ८) जागा स्पर्शनेसारी साबण, डेटॉल व इतर रसायनांचा उपयोग टाकण्यात
- ९) अंतर्बन्ध स्पर्श घुसून सुटकाकरता घ्यावे
- १०) अंतर्बन्ध सैत व सुली असावेत

**● वापच व वैयक्तिक**

- १) पाळी येथे हा आजार वा पिटाळ नसून सुदृढ शरीर कर्तारचे लक्षण आहे
- २) पाळीच्या दिवसात कोणत्याही आंधोळ करणे स्पर्शनेसारी दृष्टीने योग्यच आहे
- ३) रोजची शाळा, कामे, खेळ यात काहीही बदल करू नये
- ४) शेष-धर्म, पुजा ह्यांचा पाळीची संघर्ष पाहू नये

**● कितीतरीवस्थे होणारे शरत**

पाळी संघर्षीत शरत काळजात : १) कमी वयात पाळी येणे २) अति रक्तस्राव होणे ३) वास्तु दिवस

रक्तस्राव होणे ४) पाळीत पोट, कंठर दुखापत ५) पाळी अनियमित असणे व कमी रक्तस्राव होणे

वरील शरत त्रास अंदाशय व इतर अवयवांच्या अपरिपक्वतेमुळे होतात. परंतु ह्या बदलांचे आजारवात स्वतःला होत असेल जसे कोणत्याही सुतु आल्याने मुलीला मानसिक दृढपण वा अति रक्तस्राव झाल्याने हिमोस्फोरीनचे प्रमाण कमी होणे (अनिमीया). पाळीत पोटदुखी, कंठर दुखी, उलटी, मळमळ, वाक येणे इत्यादींनी विचारात घ्यावेत तर तक्रारांचा सहाय्य व मार्गदर्शन घेणे गरजेचे ठरते

पांढरे पाणी वा रक्तस्राव काळजी घ्यावेत : पाणी भरतू प्रमाणात पित्ताने अजळव होणार नाही. पांढरे पाणी जाणे हे ही काळजीचे नाही, परंतु त्याला दुर्गंध वा वासा जागी खाज येत असेल तर अवश्य वैद्यकीय सहाय्य घ्यावा.

**● मानसिक आजार**

कितीतरी अवस्थेत शारीरिक बदलांनंतर मानसिक बदलही घडतात जे घरातील सदस्यांना प्रकळीने जाणवतात.

विडंबित करणे, उलट वा उलट वागणे, आकर्षणाचा झोप वाढणे आपणही काही मसे वा विचार ठेवावेत ह्या जाणीवेपोटी मोठ्यामात्रात दुःख होणे, कधी कधी विचारांमध्ये बंधता येते घरातील बहिःस्वामी सारत टोकलात. शिक्षण, नातेबांधणी समज यांचा सहाय्य म्हणजे टोकले घडून बरेचदा मुली छोटे बोलतात. अनोळखी व्यक्तीने चार सय चालते बोलते असता धूळ पडते. अर्धवट वा कधी कुलीची माहिती दि व्ही., जाहिराती, मोबाईल, इंटरनेट करणे घेत अनिष्टांना बळीही पडतात.

अशा येळी आपण शांत मानणे गरजेचे - बरोबर, धांपले-धाईट यालील फरक ओळखणे गरजेचे आहे.

गोच्या करणाऱ्या किन्तु, उंची-जन्म कमी किंवा जास्त करणारी आंभी, बुद्धीमत्ता, सुंदरता, झटपट शीघ्रत बनविणारी इत्यादी जाहिरातींचा मोहून न मुज्जामात वैज्ञानिक व वैद्यकीक दृष्टीने निर्णय घेणे आवश्यक असते.

कितीतरी वयात हार्मोन्समुळे होणा-या बदलांमुळे मुलांबद्दल आकर्षण वाटणे, मजागुदा करणे, आरव्या सभोर निटनेटकी टिक्क्यासाठी वेळ देणे हे बदल प्रत्येक मुलीमध्ये येतात. अनेक जणी यालाच प्रेम संभवतात. पण ह्या आकर्षणाचा बळी व याला शिक्षण व आरोग्याला महत्त्व देणे आवश्यक आहे.

**● इतर आजार**

- १) अनिमीया - पाळीत जाणून रक्तस्राव जात असल्यास, निकूट व अनियमित आहार, कुली (जंत) यामुळे ६०% महाराष्ट्रीय कुलीमध्ये अनिमीया आढळते.
- २) उंची व पाळी ३) छातीचा विकास कमी वा जास्त असणे ४) वेह्याचार मुल्य, पोटदुखी ५) शरीरवात अनाकारक किंवा विश्व केस असणे ६) मजागुदा वा अस्तमत्ता (कूब)

**● लैंगिक बदल**

कितीतरीवस्थे मुली इतरत्र मुज्जाम गेल्याने जे कार्य त्यांच्या करून जरेवीत आहे तिचेच पन्नासत कमी पडते व त्याचा परिणाम अत्यासात दिसून पडतो

- १) शाळा व परिचेबद्दल भिती वाटणे
- २) वैद्यकीक दृष्ट्या कमी उत्पत्तीची भिती
- ३) परीक्षेत कमी गुण मिळण्याची भिती
- ४) पवित्र्याची भिती
- ५) किडकांविषयी नाराजी, भिती व राग हे बदल दिसून येतात.

**● आहार**

- १) हिरव्या पालेपाण्या, मीनरी फळे, बीजधान्ये घड्यातून, दुध हे आहारवात असणे आवश्यक आहे.
- २) ते सर्व पवित्र्यासाठी विटॅमिन 'सी' ची गरज असते. जे सरी, मिनू, आंवा, आंबळा यातून मिळते
- ३) लवंगने, मसालेदार, तिळे व बाहेरील कडव्यां वास्तार खाणे टाकणे
- ४) वेळोवेळी उपासने, फरत पुढ, मुकाम, कोरडीसत ६. पदार्थ टाकणे. ५) गरतू पाणी प्यावे



Television Interview On Adolescent Health Education and Distribution of its c.d. in 3450 schools of avatmal district through education department. reaching 1 lakh 20 thousand girls with sex education relayed on 23<sup>rd</sup>, 27<sup>th</sup> and 30<sup>th</sup> oct'16



Radio talk on Adolescent Health Education 7<sup>th</sup> sept'16

## *CME's in association with Alkem*

The science and art of Adolescent PCOS is undergoing revolution as more and more evidence accumulates and past paradigm are placed by newer ones. The pace at which it is occurring requires all of us to keep ourselves updated on regular basis.

**iCONNECT** is the CME program with Alkem as partner for defining and understanding "Adolescent PCOS".

Till date 2 programs have been successfully done in Madurai and Tirupati.

Many more are lined up!!!

Readers can also contact Dr.Sampathkumari, Chaiperson FOGSI Adolescent Health Committee, if you want to get it done in your city.

### Tirupati CME



Dr. Sampathkumari as a speaker



### Madurai CME



MOGS felicitating guest speaker Dr. Rajapriyan Ayyappan





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## Physiological Care for PCOS



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Alkem is the 5<sup>th</sup> largest pharmaceutical company in India with global footprints in more than 50 countries. It has 16 manufacturing plants, of which 5 are US FDA approved. A strong focus on R&D with over 483 scientist's focussing on formulation development, API and cGMP BA-BE studies, has enabled it to introduce quality and innovative products in wide range of therapy segments.

Alkem in its constant endeavour to remain associated with fraternity as knowledge partner across various domains of relevance and interest, has rolled out several scientific programs and shall continue to do so in Gynaecology as well.

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