

Gynecological problems of married women in the reproductive age group of urban Belgaum, Karnataka

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Abstract: *Background:* Gynecological problems are universal in occurrence, however, the prevalence, awareness and treatment seeking for these problems varies from region to region. In Indian scenario the women are faced with social and economic barriers in seeking care. In order to understand the gynecological problems of women in our newly adapted urban field practice area this study was undertaken. *Objective:* To determine the prevalence of gynecological problems among the married women of the reproductive age group in urban area of Belgaum city. *Methodology:* 400 married women were interviewed using a pre-tested, pre-designed, semi structured questionnaire. The participants were subjected to medical examination by a qualified gynecologist and subjected to lab investigations as required. *Results:* 282 (70.50 %) women had reproductive tract infections, 83 (20.75%) had menstrual problems, 108 (27.00%) had UTIs, 97 (24.25 %) had chronic and 77(19.25%) had acute pelvic inflammatory disease. The total prevalence of gynecological problems per woman was 1.51. There was no significant association of prevalence of gynecological problems and the age, education and socio-economic status. The overall treatment seeking behavior was 15.72%. Treatment seeking was highest for conceiving difficulty (48.14 %) and least for RTIs (9.57 %). *Conclusion:* There is high prevalence of gynecological problems among the urban married women of Belgaum city.

Keywords: Gynecological problems, Reproductive health, urban women, Married women.

Introduction

Women in their reproductive years prioritize the health of children, husband and other family members over their own. In a typical Indian society, the health problems of women are often neglected more so the gynecological problems. Lack of awareness about various gynecological problems, economic and social barriers, delay the early diagnosis of the gynecological problems [1-2]. Also, the stigma attached to some of the gynecological problems like reproductive tract infections, the myths, misconceptions and various cultural beliefs associated with gynecological problems, prove to be major hurdles in seeking health care. This could aggravate the existing gynecological conditions and force women to suffer silently in misery [3-4].

The universality of gynecological problems among women, diversity of prevalence, the sensitivity of the issue, need to tailor make the services at the urban health training centre [5] prompted us to take up this study.

Objective: To determine the prevalence of gynecological problems among married women of the reproductive age group in urban Belgaum

Material and Methods

Study design: A community based cross-sectional study was taken up at Khasbag, the urban field practice area of J. N .Medical College, Belgaum.

Study period: 1st Jan 2007 to 31st December 2007 - one year duration

Sample size: Literature search revealed that prevalence of gynecological problems varied from 25-80% among married women in the reproductive age group. Pilot study conducted revealed prevalence of gynecological problems was 50 %, with an allowable error 10% and using the formula $4pq/d^2$ the sample size was calculated to be 400.

Sampling technique: One of the wards of Khasbag area was randomly picked by lottery method. The population of the picked ward was 6,800. A list of households in the ward was generated. There were a total of 584 households. Majority of the households had joint families. Assuming at least 2 eligible women per household, a systemic random sampling method was adopted and every third households was included in the study. The first household was picked randomly using the last digit of a currency note. In case the selected house was locked or had no eligible married women then the immediate next household was taken and the eligible woman was included in the study. The other women in the selected household insisting on participating were referred to the OBG department for any gynecological problems, and were not included in the present study. The study was continued till all the households were covered. A total of 273 households were covered and a total of 400 married women of reproductive age group were interviewed.

Data collection tools: A questionnaire was designed in consultation with an expert panel from OBG department of J N Medical College. Questionnaire was pilot tested in a different urban area and suitable modifications were made for use at the community level. Eligible women were interviewed by the principal investigator and were subjected to examination by a gynecologist on specified days of the week at Khasbag health center. All the participants had hemoglobin estimation (Sahli's method) and routine urine sample testing for sugar, proteins and microscopy at a certified laboratory.

Data analysis methodology: The data was analyzed using Microsoft excel 2003 and epi info software version 2.0.1. Ratios, proportions, percentages and chi-square test results were calculated.

Results

Of the 400 married women, 118 (29.75 %) were in the age group of 25-29 yrs, 77 (19.25%) were in the age group of 30-34 yrs, 70 (17.50 %) were in the age group of 20-24 yrs. women with the age \leq 19 yrs (teenage) were 7 (1.75%) and age $>$ 45 yrs (menopausal) are 23 (5.75 %). 346 (86%) were Hindus, 53 (13.25%) were Muslims and 3 (0.75%) belong to other religion which

included 2 Christians and 1 was a Jain. 184 (46.00%) were from joint families, followed by 120 (30.00%) from nuclear families and 96 (24.00%) were from three generation families. 164 (41.00%) belonged to class IV of Modified B.J. Prasad's, followed by 127 (31.75%) and 79(19.75%) in Class V and Class III respectively. Class I and Class II together contributed to 30 (7.50%) of the study participants.

182 (45.50%) were educated till high school and 122 (30.50%) had completed primary education. 63 (7.75%) were illiterate and 33 (8.25%) had completed undergraduation and 9 (2.25%) of them were graduates. 209 (52.25%) were housewives, 87 (21.25%) involved in production work like weaving of sarees, making garlands, making sweets, 57 (14.24%) participants were involved in service work like teaching, tailoring, maids, and 45 (11.25%) were agricultural laborers. 149 (37.25%) had two living children, 114 (28.50%) had three living children and 59 (14.75%) had only one living child. 48 (12.00%) of the women had four or more living children. 30 participants (7.50%) did not have any living children at the time of the study.

Gynecological symptom	No of participants	%age
Menstrual problem	83	20.75
Abnormal back ache	48	12.00
Abnormal white discharge	47	11.75
Burning micturition	46	11.50
Dysmenorrhea	33	8.25
Abnormal genital itch	32	8.00
Lower abdominal pain with fever	30	7.50
Abnormal weight loss	28	7.00
Difficulty in conceiving	27	6.75
Post coital pain	22	5.50
Abnormal weight gain	21	5.25
Ulcers in genital area	20	5.00
Swelling in Inguinal region	10	2.50
Swelling in the breast	9	2.25
Increased tiredness	150	37.50
Total	605	1.51[#]
**multiple response		# per woman

Self reported symptom wise distribution of the study participants showed that menstrual problems were the most common 83 (31.00%), followed by abnormal low back ache 48 (12.00%), abnormal whitish vaginal discharge 47 (11.75%), burning micturition 46 (11.50%), dysmenorrhea 33 (8.25%), genital itch 32 (8.00%), lower abdominal pain with fever 30 (7.50%), conceiving difficulty 27 (6.75%), post coital pain 22 (5.50%), genital ulcers (5.00%) and increased tiredness for routine work 150 (37.50%). There were totally 605 reproductive problems reported by 400 study participants. The mean gynecological symptoms prevalence per women was 1.51.

Table-2: Distribution of the study participants according to reproductive tract Infections (RTIs)
N = 400

Reproductive tract infection	Number of participants	Percentage
Total RTI	282	70.50
a) UTI	108	27.00
b) Chronic PID	97	24.25
c) Acute PID	77	19.25
Free from RTIs	118	29.50
Total	400	100.00

In our study, the prevalence of the various gynecological problems were Urinary tract infection 108 (27.00%), chronic PID 97 (24.25%), Acute PID 77(19.25%), Oligomenorrhea 41 (10.25%), menorrhagia 27(6.75%), conceiving difficulty 27 (6.75%), polymenorrhea 15 (3.75%), breast swelling 9 (2.25%), stress incontinence 3 (0.75%) and prolapse of uterus 1 (0.75%).

Table-3: Distribution of participants according to menstrual problems

Menstrual problems	Number of participants	Percentage
Oligomenorrhea	41	10.25
Menorrhagia	27	6.75
Polymenorrhea	15	3.75
Metrorrhagia	00	00.00
Total	83	20.75

Of the 83 (20.75%) women having menstrual problem. 41 (10.25%) had oligomenorrhea, 42 (10.50%) had polymenorrhea and menorrhagia. 33

(8.25%) had dysmenorrhea. None had metrorrhagia

Table-4: Distribution of the study participants according to Dysmenorrhea
N = 33

Type of Dysmenorrhea	Number of participants	Percentage
Primary	09	2.25
Secondary	24	6.00
Total	33	8.25

In our study, self reported prevalence of dysmenorrhea was 33 (8.25%). Majority of them 24 (6.00%) had secondary type of dysmenorrhea and 09 (2.25 %) had primary type of dysmenorrhea.

Table-5: Distribution of the study participants according to difficulty in conceiving
N = 400

Difficulty in conceiving	Number of participants	Percentage
Primary	16	4.0
Secondary	11	2.75
Total	27	6.75

In our study, of the 27 (6.75%) of 400 participants reporting conceiving problem, 16 (4.00%) were of primary type and remaining 11 (2.75%) had secondary type of problem. However, 12 (3.00%) couples had consulted an infertility specialist (allopathic) and taken some form of treatment. The remaining 15 (3.75%) had never consulted any allopathic doctor. In our study, 9 of the 400 study participants had an abnormal swelling in the breast. The prevalence of unilateral swelling in the breast was 2.00%.

Abnormal discharge from the nipple as a symptom was reported by only 2 (0.50%), pain associated with the swelling was reported in 7 (1.75%). In our study, out of the 400 participants 321 (80.25%) were using one or the other FP methods, remaining 79 (19.75%) were not using any FP methods. 252 (63.00%) had undergone tubectomy as permanent sterilization. 69 (17.25%) of the couples were using one or the other type of temporary family planning method like

condoms, oral contraceptives, copper-T and natural method. In our study, there was no significant association of the prevalence of gynecological problems with the age, education or socio-economic class. However, there was a significant higher prevalence of the gynecological problems among the women practicing family planning methods like tubectomy and copper-T.

The overall treatment seeking behavior was 15.72% (95/604). Only 15 out of 83 (18.07%) women having menstrual problems sought treatment. 27 out of 282 women having RTIs had ever taken treatment. However, treatment seeking was highest for conceiving difficulty 13 out of 27 (48.14 %). Other gynecological problems for which treatment was sought included anemia, dysmenorrhea and prolapse. 176 (44.00%) of the study participants had normal hemoglobin levels. 156 (39.00%) were mildly anemic, 67 (16.75%) were moderately anemic and one participant was severely anemic. Urine samples were collected from 380 (95.00%) participants and subjected to lab investigations (20 urine samples could not be collected for various reasons). All the samples tested negative for abnormal casts in urine. However, 14 (3.68%) samples tested positive for sugar and 22 (5.78%) for albumin. 98 (25.78%) high epithelial cells counts, 78 (20.52 %) sample had high pus cells counts, 16(4.21%) had RBCs on urine microscopy.

Discussion

Khasbag area is the newly adopted urban field practice area of J N Medical College. Community based information on the prevalence of reproductive health problems and treatment seeking behavior by the women in reproductive age group is not available. The information about the gynecological problems in this study, was obtained by using a pre designed, pre tested, and semi structured questionnaire, supported and supervised by faculty of obstetrics and dept of community medicine of J N Medical College. On the whole 31.00 % reported menstrual problems, 12.00% low back ache, 11.75 % vaginal discharge, 11.50 % burning micturition, 8.25 % dysmenorrheal, 8.00 % genital itch, 7.50% lower abdominal pain with fever, 6.75 % difficulty in conceiving, 5.50 % post coital pain, 5.00 % ulcers in genital area, 2.25 % swelling in the breast, 37.50 % increased tiredness. The total prevalence of gynecological problems per women was 1.51.

The findings are similar to ICMR task force study where self reported gynecological problems from twenty three districts of India varied from 30.5 -58.9%. The commonest problem was backache 10.40 % followed by low abdominal pain 8.30 %, menstrual problems 7.90%, abnormal vaginal discharge 4.9%. 14.2% women who had visited some health facility for their gynecological problems [6]. A varying prevalence of 28.00 to 37.00 % various gynecological problems were observed in a major baseline survey in the state of Uttar Pradesh and Rajasthan conducted by Center for Operations Research and Training. Vaginal discharge and menstrual problems were most commonly reported [7, 8]. However, a much higher prevalence of gynecological problems were found in the studies conducted in the urban slums of Mumbai (75.0 %) and west Bengal (65.84%). In a study conducted in Shimla, 218 (36.3%) were suffering from one or other type of syndromes and 208 (83.9%) were confirmed by clinical examination and lab investigations [9].

The treatment seeking behavior of women for gynecological problems in the ICMR task force study was 14.20% and 12.5 % in a study done in rural Rajasthan [6]. This was markedly less when compared to international studies conducted in developing countries, where RTI treatment seeking was 30.00 % and conceiving difficulties was about 80.00% [10]. The overall prevalence of gynecological problems of 1.51 was similar to finding observed by Latha K et al. in community based studies [11].

The study findings of higher prevalence of the gynecological problems among the women practicing family planning methods like tubectomy and copper-T are consistent with findings of Brabin et al findings and the ICMR in its nationwide prospective study, reported menstrual irregularities, dysmenorrhea and PIDs as increasing associated to family planning method tubectomy [12-13]. The findings of no significant association of gynecological problems with the education, socio-economic status and age are contrary to the Orissa, Gujarat and Shimla studies [15-16, 09]. Prevalence of RTI/ STIs in the Orissa

study was 39.2%. This study however found a significant association of RTIs with age and literacy state of the women [17].

Conclusion

The study revealed the prevalence of gynecological problem among the married women in the reproductive age group of urban Belgaum is moderately high. Two out of every three women had one or the other gynecological problem. More than half of the women were anemic. Age, education and socio-economic status of the women did not have a significant association with the gynecological problems. Women practicing tubectomy and Copper T as family planning methods had a significant association with higher prevalence of gynecological problems. The poor treatment seeking rate supports the fact that, married women in urban areas still suffer silently from

various gynecological problems. In order to promote a healthy life, free of gynecological problems, there is an urgent need to increase the knowledge about various gynecological problems among the urban women in the reproductive age group [4, 14, 17]. The women self-help groups, mahila mandals and basic health workers are to be empowered to create awareness about the facilities available for seeking treatment of gynecological problems.

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References

1. Rangaiyann G and Sureender S. Women's perception of gynecological morbidity in South India: causes and remedies in a cultural context. *J Fam Welf*, 2000; 46(1):31-38.
2. Koenig M and Shepherd M. Alternative study designs for research on women's gynecological morbidity in developing countries. *J Popul Res*, 2001; 18:165-175.
3. Chellan R. Gynecological morbidity and treatment seeking behaviour in south India: Evidence from the reproductive and child health survey 1998-1999. *J Popul Res*, 2001; 15:2-15.
4. Singh S and Singh SK. Reproductive morbidity among the rural women in Maharashtra. *M.P.S. Seminar Paper*, 2006:1-206.
5. Singh AJ. Vaginal discharge: its causes and associated symptoms as perceived by rural north Indian women. *Indian J Community Medicine*, 2007; 32(1):22-26.
6. Kambo IP, Dhillon BS, Singh P, Saxena BN, Saxena NC. Self reported gynaecological problems from twenty three districts of India: an ICMR Task Force study. *Indian J Community Medicine*, 2003; 28:67-73.
7. Nandan D, Misra SK, Sharma A, Jain M. Estimation of Prevalence of RTIs /STDs Among Women of Reproductive Age Group in District Agra. *Indian J Community Medicine*, 2002; 27(3):45-49.
8. Rathore M, Swami SS, Gupta BL, Sen V, Vyas BL, Bargav A et al. Community based study of self reported morbidity of reproductive tract among women of reproductive age in rural area of Rajasthan. *Indian J Community Medicine*, 2003; 28(3):24-28.
9. Parashar A, Gupta BP, Bhardwaj AK, Sarin R. Prevalence of RTI's Among Women of Reproductive Age Group in Shimla City. *Indian J Community Medicine*, 2006; 31(1): 27-38.
10. Kilmark PH, Black CM, Limpakarnjanarat K, et al. Rapid assessment of sexually transmitted diseases in a sentinel population in Thailand: prevalence of chlamydial infection, gonorrhoea and syphilis among pregnant women-1996. *Sex Transm Infect*, 1998; 74:189-93.
11. Latha K, Kanani SJ, Maitra N, Bhattacharya RV. Prevalence of clinically detectable gynecological morbidity in India: Results of four community based studies. *J Fam Welf*, 1997; 43:8-16.
12. Zurayk H, Khattab H, Younis N, et al. Comparing women's reports with medical diagnosis of reproductive morbidity condition in rural Egypt. *J Fam Plann*, 1995; 26:14-21.
13. Brabin L, Gogate A, Karande A, Khanna R, Dolimore N. Reproductive tract infections, gynecological morbidity and HIV sero prevalence among women in Mumbai, India. *WHO Bulletin*, 1998; 76:227-35.
14. Fortney JA. Reproductive epidemiological research in developing countries. *Annals of Epidemiology*, 1990; 12:187-94.
15. Panda SC, Sarangi L, Bebartta D, Parida S, Panigrahi OP. Prevalence of RTI /STI among women of reproductive age in District Sundergarh, Orrissa. *Indian J Pract Doc*, 2007; 4(1):26-33.
16. Sridhar S, Desai Lata, Shahi Pankar. Womens' health in rural Gujarat Sewa rurals' experience. Proceedings of the Workshop on improving Young Womens' Health & Development. *ICMR bull*, 1991; 1-9
17. Barge Sandhya. Gynaecological morbidity-The ignored tragedy. *J Fam Welf*, 1997; 43(2): 58-67.

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