

COMMON GYNECOLOGICAL MORBIDITIES AMONG MARRIED WOMEN IN THE SELECTED COMMUNITY AREAS OF BHUBANESWAR, ODISHA

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Abstract

Introduction: During the reproductive period most of the women undergo one or other symptoms of gynecological morbidity. Ignorance of those symptoms is a major factor to raise the complication. This study aimed to assess the prevalence of gynecological morbidity which will help to intervene further.

Methodology: The quantitative approach with a non-experimental explorative research design was adopted. Two hundred (200) married women were selected purposively. Women who married, age between 20-50 years, were residents of Shampur village, gave consent, and present during the data collection period were included in the study. Pregnant women, women with any chronic illness were excluded from the study. The tools used to collect the data were 1. Socio-demographic questionnaire, 2. Questionnaire to assess the symptoms suggestive of Gynecological morbidities and 3. Questionnaire to assess the treatment-seeking behavior. The data were analyzed by using descriptive and inferential statistics.

Results: Among 200 women, 183 (91.5%) had reported one or other symptoms suggestive of gynecological morbidities. Most of the women 167 (83.5%) reported premenstrual symptoms, 169 (84.5%) had menstrual abnormalities, each 168 (84%) had reproductive tract infections & Urinary Tract Infections (UTI), 118(59%) had symptom suggestive of Poly Cystic Ovarian Disease (PCOD), 86 (43%) had urinary incontinence and 52 (26%) had symptoms suggestive of genital prolapse.

Conclusion: This study indicates that the prevalence of gynecological morbidity is very high among the rural women. The awareness of rural women towards the reproductive morbidity is a concern and requires immediate attention. This will become a matter of discussion among the policymakers.

Keywords: *Common Gynecological Morbidity, Married Women, Community area.*

Introduction

Woman is the backbone of the family and “she” who makes the ‘home’. Though the woman is celebrated for her childbirth, regarding her menstrual or sexual health she is considered imperfect, feminine and is expected to suffer in silence. ¹A healthy reproductive system is an essential component of the general health and well-being of a woman. According to International Conference on Population Development (ICPD), reproductive health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Universal access to sexual and reproductive health-care services including family planning, information, education and the integration of reproductive health into national strategies and programs by 2030 became a main agenda in Sustainable Development goal 2030. ²

Most gynecological problems arise during the reproductive years. Morbidities specific to women can broadly be classified into three major groups: namely reproductive, gynecological and contraceptive. Gynecological problems constitute a major proportion of disease burden in women, and are more common than reproductive and contraceptive related morbidities. ³ Gynecological morbidity is defined as a structural and functional disorder of genital tract not related to pregnancy, delivery, or puerperium which includes health problems such as RTIs, menstrual problems, cervical ectopic, infertility, cancers, prolapse and problems related to intercourse. Gynecological morbidities lead to considerable disability, loss of productivity, absenteeism, physical, mental and social stress, and substantial economic burden on families and individual. ⁴

According to the Indian Council of Medical Research (ICMR) task force study, 35-58.9% of women complaining about gynecological problems in India and ranges varied greatly across the areas.^{3,6} A Systematic Review on Gynecological morbidities was done by Dheresa M et al which depicts that the prevalence of pelvic organ prolapse was 13%, infertility was 8%, reproductive tract infection was 38% and menstrual disorders was 28%. The overall prevalence of gynecological morbidity was 22% (95% CI=17%-27%, I²=99.38%, p=000). ⁵Mathur M stated in his community-based cross-sectional study 722(59.5%) of the 1214 study subjects had one or more symptoms related to common gynecological morbidities. Among symptomatic, 594 out of

277(82%) had one symptom. The commonest symptom was 'lower abdominal pain during menstrual period' 419(34.5%) followed by symptoms of premenstrual syndrome (such as 'bloating' 328(27%) and 'irritability' 269(22.2%) and 'breast tenderness' 218(18%). Other symptoms observed were 'scanty blood loss' 166(13.7%), 'shortened duration of blood flow' 149(12.2%) and 'something coming out of vagina' 140(11.5%).¹

During the reproductive period most of the women undergo one or other symptoms of gynecological morbidity. Though these symptoms negatively affect their health, they rarely report to the health care system. They will neglect the symptoms and will not seek any health care services due to several barriers.³ The occurrence of gynecological problems is increasing nowadays, but the awareness about those problems is very less due to various barriers. Purposeful ignorance of the symptoms of gynecological problems is a major factor to raise the complication in their later life. Therefore, the first step would be an assessment of the problem. Hence, the present study is contemplated to assess the prevalence of gynecological morbidity which will help to intervene further.

Objectives: The main objectives of the study were to assess the pattern of gynecological morbidities among the married women and the treatment-seeking behavior of women with gynecological morbidities.

Methodology:

A quantitative approach with a non-experimental explorative research design was adopted. Two hundred (200) married women were selected by using purposive sampling technique. Women who married, age between 20-50 years, was resident of Shampur village, Khorda, Odisha, who gave consent, can understand and speak the Odia Language and present during the data collection period were included in the study. Pregnant women, women with any chronic illness were excluded from the study. The tools used to collect the data were 1. Socio-demographic questionnaire, 2. Questionnaire to assess the symptoms suggestive of Gynecological morbidities and 3. Questionnaire to assess the treatment-seeking behavior. Ethical clearance and permission were obtained from the Institutional Ethical Committee, SOA (DTU), and administrative permission obtained from the President of Shampur village. Informed written consent was taken from each participant. The data analyzed by using descriptive and inferential statistics. Information was collected by interview schedule. Data on socio-demographic factors, symptoms related to menstrual disorder, reproductive tract infection, pelvic inflammatory

disease, polycystic ovarian diseases, urinary tract infection, genital prolapsed, urinary incontinence, and fistula & health-seeking behavior was collected. The questionnaire was pretested and modified accordingly before the original survey. The data analyzed by using descriptive and inferential statistics.

Results

Table 1. Frequency and percentage distribution of the demographic variables of married women

N= 200

S. No	Variables	Frequency	Percentage (%)	
1	Age (In years)	20 -30	73	36.5
		31-40	67	33.5
		41-50	60	30
2	Education status	No formal education	30	15
		Primary	47	23.5
		Secondary	58	29
		Higher secondary	49	24.5
		Graduate and above	16	08
3	Occupation	Housewife	148	74
		Working	52	26
2a.	If working, specify the occupation	Skilled	34	66
		Unskilled	18	34
4	Monthly family income (In Rs)	36,997 & above	6	3
		18,498 – 36,996	40	20
		13,874 - 18,497	56	28
		9,249 - 13,873	68	34
		5547 - 9248	20	10
		1866 - 5546	10	5
5	Parity	Nullipara	19	9.5
		Primi para	57	28.5
		Multipara (2-4 deliveries)	104	52
		Grand multipara (≥ 5 deliveries)	20	10
6	Age at menarche (In years)	11-15	190	95
		16 - 19	10	5
7	Age at first childbirth (In years)	20-25	48	24
		26-35	152	76
8	Place of delivery	Home	13	6.5
		Health Centre	32	16
		Hospital	155	77.5
9	Mode of delivery	Normal Vaginal delivery	130	65
		Operative Vaginal delivery	5	2.5
		Cesarean section	65	32.5
10	Complications	Yes	136	68

	during childbirth	No	64	32
11	Gynaecological Morbidities	Yes	87	43.5
		No	113	56.5

Table No: 1 show the demographic characteristics of the study participants which depicts that highest percentage of the women belongs to the age group of 20-30 years (36.5%), had higher secondary education (24.5%), having the monthly family income of 9,249 - 13,873 (34%), were multipara (2-4 deliveries) (52%). The majority were housewives (74%) among them 66% were skilled workers. The majority of the women attained menarche at the age of 11-15 years (95%), delivered the first child at 26-35 (76%), delivered in hospital (77.5%), delivered through Normal Vaginal delivery (65%) and developed complications during childbirth (68%).

Table 2. Frequency and percentage distribution of the Gynecological Morbidities (Multiple responses)

N= 200

S.No	Gynecological Morbidities	Frequency	Percentage (%)
1	Premenstrual symptoms	167	83.5
2	Menstrual abnormalities	169	84.5
3	Reproductive Tract Infections	168	84
4	Poly Cystic Ovarian Disease-	118	59
5	Urinary Tract Infections (UTI)	168	84
6	Urinary Incontinence	86	43
7	Genital Prolapse	52	26

Table No 2 shows the frequency & percentage distribution of the symptom suggestive of gynecological morbidities. Among 200 women 167 (83.5%) had reported premenstrual symptoms, 169 (84.5%) had menstrual abnormalities, each 168 (84%) had Reproductive Tract Infections & Urinary Tract Infections (UTI), 118(59%) had symptom suggestive of Poly Cystic Ovarian Disease and 86 (43%) had urinary incontinence and 52 (26%) had symptoms suggestive of genital prolapse.

Table No: 3 Frequency percentage distribution of the premenstrual symptoms (Multiple responses)

N= 167

S.No	Premenstrual symptoms	Frequency	Percentage
1	Abdominal pain	78	46.7
2	Lower back pain	67	40.1
3	Mood swings	66	39.5
4	Irritability	66	39.5
5	Anxiety	55	32.9
6	Sore breast	46	27.5

7	Headache	46	27.5
8	Anger	43	25.7
9	Fatigue	34	20.3
10	Depression	32	19.1
11	Difficult in concentrating	22	13.1

Table No 3 shows the premenstrual symptoms of married women. Out of 200 women, 167 (83.5%) reported premenstrual symptoms, among the most common symptom reported, was abdominal pain (46.7%) followed by lower back pain (40.1%), mood swings and irritability (39.5%), anxiety (32.9%), headache and sore breast (27.5%), anger (25.7%), fatigue (20.3%), depression (19.1%), and lowest percentage (13.1%) of women had difficulty in concentrating.

Table No: 4 Frequency percentage distribution of the symptoms suggestive of menstrual abnormalities (Multiple responses)

N= 169

S. No	Menstrual abnormalities	Frequency	Percentage
1	Painful menstruation	86	50.8
2	Prolonged duration of menstrual flow	75	44.3
3	Oligomenorrhea – more than 35 days	45	26.6
4	Polymenorrhea – Less than 21 days	35	20.7
5	Absence of menstruation	28	16.5
6	Excessive menstrual flow	26	15.3

Table No 4 shows symptoms suggestive of menstrual abnormalities of married women. Out of 200 women, 169(84.5%) reported symptom suggestive of menstrual abnormalities, among the most common symptom reported was painful menstruation (50.8%), followed by prolonged duration of menstrual flow (44.3%), oligomenorrhea (26.6%), polymenorrhea (20.7%), Absence of menstruation (16.5%) and excessive menstrual flow (15.3%).

Table No: 5 Frequency percentage distribution of the symptoms suggestive of reproductive tract infections (Multiple responses)

N= 168

S.No	Reproductive Tract Infections	Frequency	Percentage
1	Itching in or around the vagina	77	45.8
2	Burning or irritation in the vagina(include bumps and blister)	52	30.9

3	Pain during intercourse	32	19.04
4	Discomfort during intercourse	26	15.4
5	Severe back pain	22	13.09
6	Severe abdominal pain	16	9.5

Table No 5 shows symptoms suggestive of reproductive tract infections of married women. Out of 200 women 168 (84%) reported symptom suggestive of reproductive tract infections, among the most common symptom reported was itching around the vagina (45.8%), burning or irritation in the vagina (30.9%), pain during intercourse (19.4%), discomfort during intercourse (15.4%), severe back pain (13.09%), lowest percentage (9.5%) had severe abdominal pain.

Table No: 6 Frequency percentage distribution of the symptoms suggestive of Poly Cystic Ovarian Disease (Multiple responses)

N= 118

S.No	Symptom suggestive of PCOD	Rank	Frequency	Percentage
1	Acne	1	56	47.4
2	Irregular period	2	46	38.9
3	Excessive facial and body hair	3	31	26.2
4	Feeling of fullness of abdomen	4	25	21.1

Table No 6 shows symptoms suggestive of Poly Cystic Ovarian Disease of married women. Out of 200 women, 118 (59%) reported symptom suggestive of Poly Cystic Ovarian Disease, among the most common symptom reported was acne (47.4%), followed by an irregular period (38.9%), excessive facial and body hair (26.2%) and 21.1% had the feeling of fullness of abdomen.

Table No: 7 Frequency percentage-wise distribution of the symptoms suggestive of Urinary Tract Infection (Multiple responses)

N= 168

S.No	Symptoms suggestive of UTI	Frequency	Percentage
1	Foul-smelling urination	65	38.6
2	Increase urge to urinate	47	27.9
3	Cloudy and dark urine	35	20.8
4	Painful/ Burning urination	32	19.04

5	Blood in urine	19	11.3
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Table No 7 shows symptoms suggestive of Urinary Tract Infection of married women. Out of 200 women, 168 (84%) reported symptom suggestive of Urinary Tract Infection, among the most common symptom reported was foul-smelling urination (38.6%), followed by increase urge to urinate (27.9%), cloudy and dark urine (20.8%), painful urination (19.04%) and 11.3% had blood in the urine.

Table No: 8 Frequency percentage-wise distribution of the symptoms suggestive of Urinary Incontinence (Multiple responses)

N= 86

S.No	Symptoms suggestive of urinary incontinence	Frequency	Percentage
1	Frequent urination	38	44.18
2	Dribbling of urination while sneezing or coughing	32	37.20
3	Urge to urinate	33	38.37

Table No 7 shows symptoms suggestive of urinary incontinence of married women. Out of 200 women 86 (43%) reported symptom suggestive of urinary incontinence, among the most common symptom reported was frequent urination (44.18%), followed by dribbling of urination while coughing or sneezing (37.20%) and urge to urinate (38.37%).

Table No: 8 Frequency & Percentage-wise distribution of the symptoms suggestive of Genital Prolapse (Multiple responses)

N= 52

S. No	Symptoms suggestive of Genital Prolapse	Frequency	Percentage
1	Difficulty in passing stool	31	59.6
2	Discomfort in walking	25	48.07
3	Feeling of something coming out from the vagina while walking	16	30.7
4	Difficulty in passing urine	12	23.07
5	Feeling of dragging sensation on pelvic region	10	19.2
6	Dragging pain in pelvis	6	11.5
7	Dyspareunia	3	5.7

Table No 8 shows symptoms suggestive of Genital Prolapse of married women. Out of 200 women, 168 (84%) reported symptom suggestive of Genital Prolapse, among the most common

symptom reported was difficulty in passing stool (59.6%), followed by discomfort in walking (48.01%), feeling of something coming out from vagina while walking (30.7%), difficulty in passing urine (23.07%), feeling of dragging sensation on pelvic region (19.2%), dragging pain in pelvic (11.5%), and lowest percentage had (5.7%) had dyspareunia.

Table No: 9 Frequency percentage distribution of the symptoms suggestive of Genital Prolapse

N= 183

S.No	Treatment seeking Behaviour		Frequency	Percentage
1	Taking Treatment	Yes	152	83.06
		No	31	16.93
2	Treatment type	Medication prescribed by the Physician	118	77.63
		Homeopathy	15	9.87
		Home remedies	13	8.55
		Over the counter drugs	3	1.97
		Faith healer	2	1.31
3	Reason for not taking treatment	Distance from the facility	12	38.71
		No support from family member	9	29.03
		Financial Problem	20	64.52
		No trust in medical treatment	7	22.58

Table No: 9 shows the treatment-seeking behavior of the women with gynecological morbidities. Out of 200 women 183 had one or other gynecological problems. Among them 152(83.06%) taking treatment. The majority of the women taking physician-prescribed medications (77.63%), followed by homeopathy (9.87%), home remedies (8.55%), over the counter drugs (1.97%), and 1.31% went to a faith healer. The highest percentage of women (38.71%) reported that “distance from the facility” as a reason for not taking treatment.

Discussion:

The present study was supported by Naga Tulasi et al found that the majority of 356 (44.5%) women reported having at least one current gynecological symptom out of 800 women. 29.5 % were suffering from menstrual problems, followed by low backache (12.1%), abnormal vaginal discharge (6.9%), and lower abdominal pain (3.5 %), infertility (2.4%). Out

of 236 women who reported menstrual problems, 70.8% reported dysmenorrhea, 19.9% had oligomenorrhoea and 17.8 % had menorrhagia. Frequent burning micturition (2.4%), pain during intercourse (1.4%), itching in the genital region (0.9%) and post-coital bleeding (0.1%) also been reported.⁸

Inamdar IF et al found that out of 169 samples, 118 had gynaecological morbidities i.e reproductive tract infection (25.2%), menstrual disorder(46.8%), pelvic organ prolapse (15.2%), infertility (11.6%), pelvic inflammatory disease (1.07%), stress urinary incontinence (5.87%), cervical dysplasia (8.13%), urinary tract infection (4%), premature menopause (3.47%), uterine malformation(0.13%) and fistula(0.67%).⁹

Gopalakrishnan S et al found that about 67% of study participants suffered from one or more gynecological problems such as menorrhagia, lower abdominal pain, dysmenorrhea, and abnormal vaginal discharge. UTI (14%) and RTI (11.6%) were the most commonly diagnosed gynecological morbidity.¹⁰

Mathew L stated that out of 330 women, 219 reported symptom suggestive of gynecological morbidity among them, 63.9% women had taken some form of treatment and 45% of the women went only to a private hospital.³

Conclusion

This study indicates that the prevalence of gynecological morbidity is very high among the rural women in ShampurVillage. The perception level of rural women towards the reproductive morbidity is a matter of great concern and requires immediate attention. The result of this study will become a matter of discussion among the policymakers.

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Ethical statement: This study was approved by the institutional ethical committee and the prior consent of the patient of the patients was taken before the collection of samples.

Conflict of interest: The author declares that there was no conflict of interest.

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