

Gynecological morbidity profile of adolescent females attending OPD at tertiary care Hospital

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Abstract

Background: Gynecological morbidities are often hidden problems that the adolescent girls of this country faces, if neglected then might be responsible for bigger health issues in future. **Objectives:** To see the morbidity profile of gynecological issues in adolescent girls at tertiary care hospital. **Material and Methods:** This was a prospective Clinical Study. Adolescent girls (13-19 years) attending gynecology and Adolescent Reproductive and Sexual Health (ARSH) OPD of a government general hospital were included in this study. detailed history was elaborated and data was analyzed using Microsoft excel. **Results:** Out of total 23.3% study population was of 18 years, Maximum number i.e. 75(62.5%) were having regular cycles and 40(33.3%) were having irregular cycles. (77.34%) were having some or other menstrual disorder during their last menstruation. (60.21%) were having premenstrual symptom. Maximum number i.e. 250 (88.34%) had pain in abdomen. Out of total 205 (53.66%) were having mild Anaemia. **Conclusions:** Anaemia, pain per abdomen and dysmenorrhea were common morbidities among adolescent girls in this region. **Keywords:** Adolescence, Dysmenorrhea, Anaemia

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INTRODUCTION

The term adolescence is derived from the Latin word 'Adolescere' meaning to grow to mature. An universally accepted definition of adolescence encompassing the various biological, psychological and social facets is yet to be established.¹ Adolescence is transitional period linking childhood to adulthood and involves physical, biological and psychosexual changes in human being. Adolescence has been defined by world health organization as "Critical period of transition from childhood to adulthood and progression from appearance of secondary sexual characters to sexual and reproductive

maturity and development of adult mental process". Most of authors consider age of adolescence as 10-19 years and this has been further classified into three stages namely early adolescence (9-13 years), mid adolescence (14-15 years) and late adolescence (16-19 years). One fifth of the world population is between 10-19 years old and 85% of them live in developing countries. Adolescent constitute 22.8 % of population in India as on first March 2011. The proportion of 15-19 years adolescents was 10.3% and half of them were female.¹ Puberty is the time at which the onset of sexual maturity occurs and reproductive organ become functional. This is manifested by appearance of secondary sexual characteristics in girl. Sexual growth is quantified from 1-5 in term of sexual maturity rating (SMR) as suggested by Tanner. The system suggested by Tanner includes assessment of genital and breast for females.¹ A large variety of morbidity may occur during adolescent such as nutritional deficiency disorders, dental disorders, skin disorders like acne, gynecological problems like menstrual irregularities, STDS etc. 45% of girls are undernourished and some related problems originating in adolescence might have life long health consequences. These problems are more in adolescent girls due to illiteracy, social status, and lack of awareness

about contraception etc among them.²Late adolescent girls consistently reported higher frequency general health problem than boys, compared to boys' late adolescent girls' health nutrition, education and development are neglected and this has adverse effect on general health as well as reproductive health among them. Large number of late adolescent girl suffer in silence due to reproductive tract infection and sexually transmitted disease is recognized as important health problem in India. Reproductive tract infection causes serious consequence of infertility, ectopic pregnancy, abortion, low birth weight etc^{3,4}. Hence the present study was carried out among 15-19 years females to study prevalence and pattern of gynecological morbidities among them at tertiary care hospital.

MATERIAL AND METHODS

This was a prospective Clinical Study. Adolescent girls (13-19 years) attending gynecology and Adolescent Reproductive and Sexual Health (ARSH) OPD of a government general hospital were included in this study. Cases were selected as per inclusion and exclusion criterias.

Inclusion criteria: All 13-19 year female patients visiting gynecology OPD and Adolescent Reproductive

and sexual health (ARSH) OPD at Government General Hospital.

Exclusion criteria: 1. Below 13 year and Above 19 year female. 2. MLC cases (Rape and sexual abuse). 3. Teenage pregnancy. 4. Subnormal mental status. These patients were studied and evaluated in details with history, clinical examination, relevant investigation, appropriate management and follow up at Sassoon General Hospital. Detailed household information was taken in history based on Prasad scale about education, occupation, Income of family. Detailed history of patient was taken for any presenting symptoms and its duration. Menstrual History for age of menarche, previous menstrual cycles for regularity, flow and any history of Dysmenorrhea or menorrhagia was asked using predesigned proforma. Any premenstrual symptoms, other gynecological complaints like white discharge were also noted. Personal History taken for any history of addiction, menstrual hygiene status, assessment of knowledge about contraceptive method shall be noted. Detailed general and systemic examination was done. Investigations Hemoglobin estimation by Sahali's method, Urine routine and Microscopic, USG Pelvis, Hormonal assay (optional) were carried out.

RESULTS

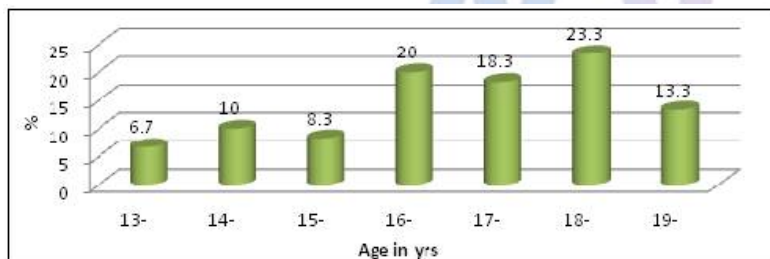


Figure 1: Age distribution of study subjects

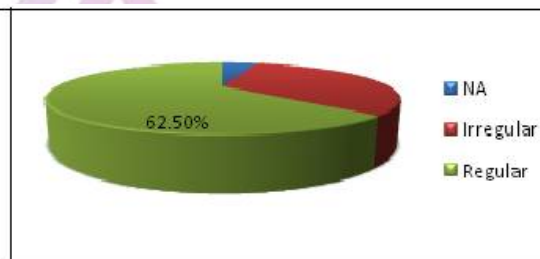


Figure 2: Distribution as per menstrual irregularities

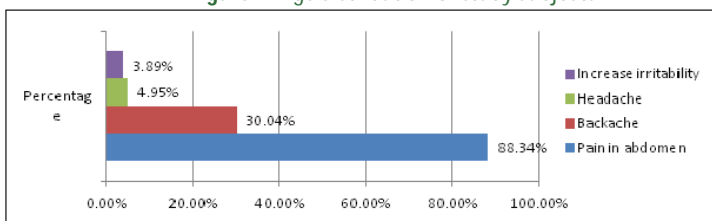


Figure 3: Distribution as per premenstrual symptoms

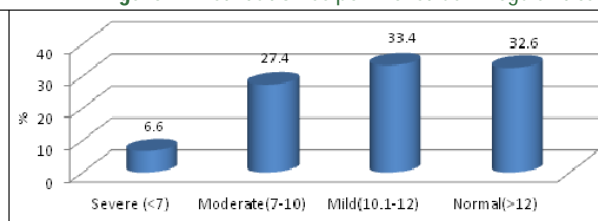


Figure 4: Distribution as per type of anaemia

In Figure 1, Out of total 23.3% study population was of 18 years, next common was 16 years with 20%. In Figure 2, Maximum number i.e. 75(62.5%) were having regular cycles and 40(33.3%) were having irregular cycles. In figure 3, Out of 470 subjects 283 (60.21%) were having premenstrual symptom. Maximum number i.e. 250 (88.34%) of subjects were having pain in abdomen followed by backache 85 (30.4%), headache 14 (4.95%) and increase irritability 11 (3.89%). In figure 4, Out of 470 subjects 382 (82.27%) subjects were having Anaemia Maximum number of subjects i.e. 205 (53.66%) were having mild Anaemia followed by moderate Anaemia 175 (45.81%), Severe Anaemia 02 (0.53%).

Table 1: Distribution of subjects according to menstruation flow

Menstruation Flow	Total cases	Percentage
Not Attained Menarche	5	4.2
Average	56	46.7
Excessive	35	29.2
Scanty	24	20.0
Total	120	100.0

Table 1 shows distribution of subjects according to Menstruation flow. Majority of subjects i.e. 56(46.7%) were having average flow while 35(29.2%) were having excessive flow, 24(20.0%) were having scanty flow.

Table 2: Distribution of subjects according to type of menstrual disorder

Menstrual disorder	Total	Percentage
Dysmenorrhoea	283	79.72
Menorrhagia	74	20.85
Scanty menses	71	20.00
Oligomenorrhoea	35	9.86
Secondary amenorrhoea	02	0.56
Primary amenorrhoea	03	0.85

Out of 470 subjects, 459 attained menarche out of these 459 subjects 355 (77.34%) were having some or other menstrual disorder during their last menstruation. Maximum number of subjects were having dysmenorrhoea- i.e. 283 (79.72 %) followed by Menorrhagia- 74 (20.85%), Scanty menses- 71 (20.00%), Oligomenorrhoea- 35 (9.86 %), Secondary amenorrhoea- 02 (0.56%) and Primary amenorrhoea- 03 (0.85%).

DISCUSSION

This was a prospective clinical Study done on adolescent girls aged 13-19 years who were attending gynecology and Adolescent Reproductive and Sexual Health (ARSH) OPD of a government general hospital were included in this study. Cases were selected as per inclusion and exclusion criteria's.

In this study out of 470 subjects, 459 attained menarche out of these 459 subjects 355 (77.34%) were having some or other menstrual disorder during their last menstruation. Maximum number of subjects were having dysmenorrhoea- i.e. 283 (79.72 %) followed by Menorrhagia- 74 (20.85%). Arya *et al*⁵ (1995) Studied morbidities among 1074 aged 3-18 years school children of Dharmraj village of Gujarat and observed that prevalence of dysmenorrhoea was 2.3%.

Wadhva S K *et al*⁶ (1995) in her study observed that commonest menstrual problem among adolescents was dysmenorrhoea i.e. 17.7% followed by Menorrhagia in 12.5% subjects. Other menstrual problem was reported in study subjects was scanty menses 1.5% and amenorrhoea in 0.3%. RCH module for Medical Officer (2000)⁷ mention that irregular menstruation is common disorder among adolescent girls. Kambo I P *et al*⁸ (2003) studied self reported gynecological problems among married women aged 15-45 years from rural area of 23 districts in 14 states and observed that prevalence of gynecological problem among 15-19 year subjects was 16.7%.

Rajratanam J *et al*⁹ (2000) in their study on 361 adolescent girls (13-19years) in rural Tamilnadu and observed that prevalence of severe Anaemia was- 2.1%, mild anemia -36.5% and moderate Anaemia 63%. Prevalence of Anaemia among 15-16years girls was 45.5% and 17-19 years girl was 42.6 %.

CONCLUSION

Gynecological morbidity are quite a subject of concern as its not so obviously considered by the patients themselves. Dysmenorrhea, anaemia are among most frequent morbidities among adolescent girls in this area of study. Timely assessment and treatment helps young girls to live a better life free from gynecological morbidities.

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