

## A community study of self-reported gynecological morbidities in Lalitpur

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### ABSTRACT

Gynecological diseases cover a wide range of conditions with an extensive spectrum of lethality, chronicity and a substantial impact on women's quality of life. Information in gynecological morbidity in context of a developing country basically depends on clinics or hospitals. But there are many women in the community, who usually do not prefer to go to medical centers until and unless they are seriously in need. The reason behind it can be not being aware of diseases, hesitate to share the diseases or not easily accessed to the proper health services. In this context, this study aims to determine the prevalence of gynecological problems and related morbidities in adult females. A community based cross sectional study was conducted among 137 females who attended a one day camp on 10th February, 2016 in Lagankhel. Participation was purely on voluntary basis. Clinical examination and Pap smear test were done. Out of the total women examined, 62.04% women reported at least one current symptom. The commonest problem was lower abdominal pain (27%), followed by per vaginal white discharge with itching (16%) and 34.3% of women were suffering from prolapse cases. The reports of Pap smear showed that 117(90%) women had been found negative for intraepithelial lesion or malignancy. 86.6% respondents who had self-reported gynecological problems did not match with the clinical findings. The study shows high prevalence of gynecological morbidity indicating women in the community are vulnerable. Therefore, it demands more community awareness about health for improving women's gynecological morbidity, policy measures have to be set so that quality of women's life can be ensured.

**Key words:** Gynecological morbidities, Pap Smear, Prevalence, Self-reported

### INTRODUCTION

Gynecological diseases cover a wide range of conditions with an extensive spectrum of lethality, chronicity and a substantial impact on women's quality of life.<sup>1</sup> According to WHO estimates, reproductive ill health accounts for 33% of the total disease burden in women as compared to 12.3% for males.<sup>2</sup> In Nepal, most of the studies are focused on 'Maternal Mortality' and only a few studies were found looking into the area of reproductive health where the information seems to be collected from clinical settings.<sup>3</sup> There is very little information on prevalence of reproductive health problems in the community. Information in gynecological morbidity in context of developing country basically depends on clinics or hospitals. But there are many women in the community, who usually do not prefer to go to medical centers unless and until they are seriously in need. The reasons behind it can be not being aware of diseases, hesitate to share the diseases or not easily accessed to the proper health services.<sup>4</sup> Self-reported morbidity and observed morbidity measure different phenomena. Women's self-reports may vary with the medical and

sociocultural context and with clinical laboratory observation. Therefore, there are different aspects of reproductive health and illness.<sup>5</sup> Hence, the aim of this study is to find out the prevalence of gynecological problems and related morbidities to make a comparison of self-reported gynecological problems with their clinical findings.

### MATERIALS AND METHODS

This is a community based cross sectional descriptive study carried out in the camp organized by Nepal Cancer Relief Society, Lagankhel on 10<sup>th</sup> February, 2016. Since the sampling method was convenient sampling, all the patients who attended the camp and fulfilling the inclusion criteria were recruited in the study after taking informed consent. Ethical clearance was obtained from the Institutional Research/Review Committee of Nepal Medical College Teaching Hospital. General health examination followed by vaginal examination and Pap smear test were done. All Pap smear samples collected were sent to National Laboratory center, Teku. Exclusion criteria were women within puerperal period (< 42 days

of delivery), women not willing to undergo per vaginal (PV) examination or with PV bleeding, pregnant women, seriously ill women (not related with gynecological morbidity), failure to follow up for investigation. Participation in the study was purely voluntary. During examination, all patients were assured of confidentiality and privacy.

## RESULT

In the camp that was held on 10<sup>th</sup> February, 2016; the total number of women who had attended were 137. The mean age of the study participants was 41.94±11.47 years. Among them, 71.5% of women were housewives, followed by 16.8 % shopkeepers and 5.8% job holders. The mean number of children per woman was 1.91. Most common method of contraception currently practiced among users was barrier method (condom) and female sterilization (minilap) which has been recorded as 24.3% and 21.7% respectively. Out of the total, 12(8.7%) were found to be suffering from various co-morbidities. Among them 6(4.3%) reported diabetes, 4 reported hypertension (2.9%) and hypothyroidism 2(1.4%). In this study, 84 (61.3%) women reported at least one type of gynecological morbidity. The major problem reported by women in this study were symptoms related to reproductive tract infections which included vaginal discharge with itching 26 (18.9%), 26 (18.9%) reported vaginal discharge with lower abdominal pain, severe form of leucorrhoea among 10 individuals (7.2%) and urinary tract infection in 10 (7.2%) respondents. There were 2(1.4%) cervical polyp cases seen during per speculum examination (P/S), ectropion in 7 (5.1%) cases, cervical erosion in 5(3.6%), atrophic cervix in 11(8.02%) cases and heavy discharge suggestive of vaginitis in 5(3.6%) cases. (Table 1)

**Table 1:** Prevalence of various gynecological morbidities (n=137)

Type of Gynecological morbidity	No. of cases	Percentage (%)
Reproductive tract infection	52	37.9
Urinary tract infection	10	7.2
Primary amenorrhea	1	0.7
Vaginal Prolapse	23	16.7
Cervical polyp	2	1.4
cervicitis	5	3.6
vaginitis	10	7.2

Among total cases of prolapse, 23(48.9%) were rectoceles, 8(17.02%) were cystoceles, cystoceles with rectoceles included 13 (27.65%) cases, first degree Uterovaginal prolapse (UVP) with cystocele and rectocele in 2 cases (4.2%), second degree UVP with cystocele and rectocele in 1(2.1%) case. (Table 2).

**Table 2:** Type of vaginal prolapse

Type of prolapse	No. of cases	Percentage (%)
Rectocele	23	48.9%
Cystocele	8	17.02%
Cystocele with Rectocele	13	27.65%
First Degree Uterovaginal prolapse (UVP) with cystocele and rectocele	2	4.2%
Second Degree UVP with Cystocele and Rectocele	1	2.1%

Pap smear test was done in 130(94.9%) women. The reports of Pap smear showed 117(90%) women were negative for intraepithelial lesions or malignancies, inflammatory smear 4(3.07%), inflammatory smear with reactive change 1(0.7%), atrophic inflammatory smear 3(2.3%), atrophic inflammatory with reactive change in 2(1.5%) individuals. (Table 3).

**Table 3:** Pap smear report (n=130)

Pap smear report	N	Percentage (%)
Negative for intraepithelial lesion or malignancy	117	90
Inflammatory smear	4	3.07
Inflammatory smear with reactive change	1	0.7
Atrophic smear	3	2.3
Atrophic inflammatory smear	3	2.3
Atrophic inflammatory with reactive change	2	1.5

A comparative study of self-reported gynecological morbidities and clinical findings of respondents were done. From the total, 86.6% respondents who had self-reported gynecological problems did not match with the clinical findings, only 31.3% matched with the clinical findings. Out of 84 women, per vaginal

white discharge was complained by 46(54.7%) women; however, 3(3.5%) women showed signs of vaginitis on examination. Something coming out of vagina was reported by 10(11.9%) women but on examination 34(40.4%) women had same problem on examination. Lower abdominal pain, backache was reported by 35(41.6%) in each case respectively. However, on clinical examination 16(19.04%), 11(13.09%) women were found to have morbidity of lower abdominal pain and backache respectively.

Among the total, 40(47.6%) women complained of itching genitalia while on clinical examination the abnormality was only in 3(3.5%) case. (Table 4)

**Table 4:** Comparison of self-reported gynecological problems with clinical findings

Gynecological problems	Self-reported (n=84)		On clinical findings	
	No. (N)	%	No. (N)	%
White discharge per vagina	46	54.7	3	3.5
Lower abdominal pain	35	41.6	16	19.04
Back pain	35	41.6	11	13.09
Something coming out of vagina	10	11.9	34	40.4
Itching vagina	40	47.6	3	3.5

## DISCUSSION

In our study 84(61.3%) women self-reported at least one type of gynecological morbidity, while 36.85% reported in South Kerala study.<sup>5</sup> Prevalence of self-reported morbidity was high (61.3%) in this study in comparison to Anitha A *et al* and other studies.<sup>5, 7, 9</sup> The percentage of self-reported gynecological problems from 23 districts of India, varied greatly between 3.5-58.9%.<sup>6</sup> The total prevalence of gynecological problems per women was 1.51 in the study done in Belgaum<sup>7</sup>. According to the Ibadan study, there was a difference of self-reported morbidity in age group of adolescents.<sup>6</sup> Older age group adolescents (15-19) complained more gynaecological morbidities than younger (10 to 14 years). In Rathore's study prevalence of morbidity was shown higher in 40-45 age groups and lowest in 15 to 19 years.<sup>8</sup> He explained it's reason as with increasing age; women experience more sexual life, pregnancies, delivery, gynecological surgery, invasive contraceptives. While in our study, the prevalence of self-reported morbidity was seen higher in the age group 30 and 35. The prevalence seems lower in the below and above

this age group. This may be due to the active sexual life and other reasons as explained by Rathore. The major problem reported by women in our study was symptoms related to reproductive tract infections. Similar reports were found in the study of Indra *et al* and S Poornima<sup>7,9</sup>. Whereas Lalita D reported more menstrual problems and low prevalence of symptoms of reproductive tract infection in her studies.<sup>10</sup> But the study done in Eastern Terai region of Nepal, majority of women who attended mobile reproductive health camps were suffering from STI (30.1%) followed by Pelvic Organ Prolapse.<sup>11</sup> According to our study, the commonest problem found among the women who attended the camp was utero-vaginal prolapse (34.3%), lower abdominal pain (27%) followed by per vaginal white discharge with itching (16%). Whereas, in the study done by Bhatia JC, the most common problems were a feeling of weakness and tiredness (suggestive of anemia); menstrual disorders; white or colored vaginal discharge; and lower abdominal pain and discharge with fever (suggestive of acute pelvic inflammatory disease).<sup>4</sup> Based upon the findings of the above mentioned studies, morbidities of women are found different for the different communities and the locations. In our study, which was done in urban area, we found 23(48.9%) rectocele cases, 8(17.02%) was cystocele, cystocele with rectocele 13 (27.65%) cases, first degree utero-vaginal prolapse (UVP) with cystocele and rectocele in 2 cases (4.2%), second degree UVP with cystocele and rectocele in 1(2.1%) case. While the study conducted in eight selected remote districts by UNFPA, 10% of 2070 women had utero-vaginal prolapse (UVP) requiring operative management for second degree, third degree and procidentia<sup>12</sup>. The comparison between the above two studies shown that urban areas have also prolapse cases but in less percentage compared to the rural areas.

In our study, the results of Pap smears done among 130 women were as follows: 90% Pap Smear test report showed negative for intraepithelial lesion or malignancy, 3% with inflammatory smear, 0.7% smear with reactive change, 2.3% atrophic inflammatory smear, 1.5% atrophic inflammatory with reactive change whereas the study done by UNFPA shows the maximum inflammatory smear comprised of 69% followed by normal smear (16%) and dysplasia, even one case of cervical carcinoma was detected.<sup>12</sup> Similar result was shown in study done in Gulbarga<sup>13</sup> as the study of UNFPA. The difference of the Pap smear results in different settings (urban area in our case and rural in other two cases) may be due to the better health seeking behavior of women in urban than rural.

In this study, we have compared self-reported gynecological problems with clinical findings which

showed large variation. Similar results have been reported by Indra P *et al* study<sup>9</sup>. Also in the study done by Hiremath in Gulbarga self-reported women enlarged the problems more than actual comparing patient's history in relation to overall clinic-pathological findings<sup>13</sup>.

These findings reveal that self-reported gynecological problems and clinical results are not compatible. Our study was totally based on clinical findings whereas in the study done by Garg all results were based on confirmatory laboratory tests, not clinical findings<sup>14</sup>. More than one diagnosis was assigned to same case in our study, so overlapping in the result can be found as in the study reported by Rathore.<sup>8</sup> Ritu Sadana reviewed in the bulletin of WHO about the range of methods to estimate the prevalence of reproductive morbidity and validation method was among the one that compared self-reported with clinical and laboratory measures.<sup>15</sup> But our study followed method compared self-reported with clinical findings only. The prevalence of self-reported gynecological morbidity was found high. But it was overstated by the patients than actual clinical findings. This shows that women are vulnerable to reproductive morbidities; therefore, it demands more community awareness about health. Hence, for improving women's gynecological morbidity policy measures have to be set so that quality of life of women can be ensured.

#### ACKNOWLEDGEMENT

The authors would like to acknowledge the women for participating in this research. We sincerely thank to the staffs of Nepal Cancer Relief Society, Lagankhel for their support to arrange the health camp. Our special Thanks also goes to the Institutional Research/ Review Committee (IRC), Nepal Medical College Teaching Hospital, Jorpati, Kathmandu.

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