Original Article

GYNECOLOGICAL MORBIDITIES IN WOMEN OF REPRODUCTIVE AGE GROUP IN URBAN SLUMS OF BHAVNAGAR CITY

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ABSTRACTS

Background: Reproductive morbidity encompasses obstetric morbidity, gynecological morbidity & contraceptive morbidity but still maternal mortality is only indicator for women's health even though Reproductive morbidity occurs far more frequently & seriously affects women's lives.
Objectives: To assess the prevalence of various Gynaecological Morbidities & determinants among the women of reproductive age group in urban slums of Bhavnagar city.
Materials & Methods: Community based cross sectional study was carried out by using multistage sampling method. A total of 750 women in the reproductive age group of 15 to 49 years (excluding currently pregnant) were interviewed using a pre-tested structured Performa.
Results: The prevalance of Gynaecological Morbidities among study group was 45.1%, with majority having symptoms suggestive of Reproductive Tract Infections (RTI) (26.4%) & menstrual problems (26%). Among RTI, vaginal discharge (20.7%) was the most frequently encountered symptom. Education & marital status of women had shown significant influence on the occurrence of vaginal discharge ($p<0.05$) while socio-economic status failed to show any association.
Conclusion: Vaginal discharge was the most common gynaecological morbidity which is influenced by education & marital status. Hence sex counselling & reproductive health education is essential for the women to improve reproductive hygiene.

Keywords: Gynaecological morbidities, sociodemograhic determinants, urban slum

INTRODUCTION

Gynecological Morbidity is defined as any condition, disease or dysfunction of the reproductive system, which is not related to pregnancy, abortion or childbirth but it may be related to sexual behavior.[1] It is not perceived as a serious problem very often even though women with gynaecological morbidity like

vaginal discharge & infertility face serious social consequences in terms of marital disharmony, exclusion from social & religious life.[2] Certain untreated conditions like RTI, can cause pregnancy related complications, congenital infections, infertility, chronic pain & significantly increase the risk of acquiring Pelvic Inflammatory Disease & HIV. [3]

Reproductive health problems are leading cause of women's ill health & death worldwide which constitutes about one third of total disease burden among women of reproductive age groups in developing countries.[4] It result in 250 million years of reproductive life loss each year worldwide & reduce the overall productivity of women by as much as 20 % .[5]

Addressing gynecological morbidity is a complex process as women either don't consider it a significant health problem or hesitate to talk on it & other determinants like illiteracy, ignorance, gender discrimination & poor social status, lack of decision making power especially in women from socially & economically backward areas, further complicates the problem & reduces reporting of cases & delayed treatment which ultimately increases the prevalence.[6]

The present study is an attempt to find out the prevalence of gynecological morbidities & socio-economic determinants of the women living in urban slums.

MATERIALS AND METHODS

The present study was carried out in urban slum of Bhavnagar city for which complete list of slum areas was obtained from Bhavnagar Municipal Corporation. The prevalence of gynaecological morbidities among the women of reproductive age group was 35%.[7] Above-mentioned prevalence, 10% allowable error & level of confidence of 95% give us the sample size of 742 ($n = 4pq/L^2$). So our sample size required to document gynecological morbidities was 750 women of reproductive age group. After that multistage sampling method was used to select the urban slums. According to geographical layout, we had divided that into three groups. At the first stage of sampling, we had selected 10 urban slums from each group by simple random sampling. At the second stage, numbers of households were selected using systematic sampling. For selection of household, first we calculated the sampling interval, we have divided the total number of households by the sample size. After getting sampling interval first house was selected randomly and then sampling interval added to that random number, this was continued to get the sample size of 25 from each slum. Same method was applied to all 30 slums. From the selected households all women of reproductive age group (Excluding currently pregnant women) were interviewed after taking verbal consent. We have terminated the process of selecting household as 25 women target was achieved. At the end of survey of 30 slums, total 750 women of reproductive age group were studied by asking pre tested structured questionnaires. In case of non response of women we have taken adjacent household. Data collected during this study was analyzed & appropriate tests were applied to test the significance of observations.

RESULTS

Out of 750 women of reproductive age, 93.3 % were Hindu & 62.9% were from scheduled caste.

Table 1: Socio Demographic Profile of women

Variable	No. (n=750) (%)
Religion	
Hindu	700 (93.3)
Muslim	48 (06.4)
Christian	02 (00.3)
Caste	
SC	472 (62.9)
OBC	223 (29.7)
General	55 (07.3)
Socio-economic class	
Class I,	03 (00.4)
Class II,	47 (06.3)
Class III,	168 (22.4)
Class IV,	359 (47.9)
Class V	173 (23.1)
Education	
Illiterate	303 (40.4)
Primary	251 (33.5)
Up to Higher secondary	173 (23.1)
Higher education	23 (03.1)
Occupation	
Unemployed	609 (81.2)
Unskilled labor	82 (10.9)
Skilled labor	30 (04.0)
Service	23 (03.1)
Business	06 (00.8)
Marital status	
Currently married	569 (75.9)
Separated/divorced/widow	19 (02.5)
Married but gauna not performed	01 (00.1)
Never married	161 (21.5)

Majority of women belonged to socioeconomic class III (22.4%) & IV (47.9%) [according to modified Prasad classification]. As regards their educational level, it was noted that about 40.4% of women were illiterate. More than three fourths of women (81.2%) were unemployed, indicating that most of these women had no independent income & had to depend on the limited resources of the family. About two third (75.9%) of women were currently married & 21.5 % were never married [Table-1].

The present study revealed that 338 women had one or more gynaecological morbidities, i.e. prevalence 45.1% (N=750). The most common symptoms were RTI (26.4%) & menstrual problems (26.0%). However 3.7% women were suffering from Dysparenuia, postcoital bleeding & prolapse of uterus. Most common RTI symptom was vaginal discharge (20.7%) & most common menstrual problem was pain during menstruation 18.7%. [Table 2]

There was not statistically significant association between Socioeconomic status, education & gynaecological morbidities.

Table 2: Different types of gynaecological morbidities

Variables	No. (%)
RTI (N=750)	
Vaginal discharge	155 (20.7)
Backache	40 (05.3)
Itching of vulva	29 (04.9)
Burning urination	22 (02.9)
Abdominal pain	05 (00.8)
Genital Ulcer	03 (00.4)
Inguinal Swelling	01 (00.1)
Menstrual problems (N= 647*)	
Pain during menstruation	121 (18.7)
Short cycle (<21 days)	48 (07.4)
Long cycle (>35 days)	21 (03.2)
Long lasting period>6 days	36 (05.6)
Short lasting period<2 days	19 (02.9)
Heavy period	42 (06.5)
Scanty period	16 (02.5)
Other problems (N=750)	
Dysparenuia	20 (02.7)
Post coital bleeding,	05 (00.7)
Prolapse of uterus	03 (00.4)

*44 (5.7%) had lactational amenorrhea, 59 (7.9 %) had achieved menopause

Table 3: Sociodemographic Prolife & Gynaecological Morbidities

Sociodemographic variables	N=750	RTI N=198 (%)	Menstrual Problems N=195(%)	Others N=28(%)	Vaginal discharge N=155(%)
Socio economic class					
I	003	00	01(33.3)	00	01(33.3)
II	046	15(32.6)	08(17.4)	05(10.9)	11(23.9)
III	168	46(27.4)	53(31.6)	08(4.8)	33(19.6)
IV	359	84(23.4)	89(24.7)	08(2.2)	69(19.2)
V	174	53(30.5)	44(25.3)	07(4)	41(23.7)
Chi square, Pvalue		3.17, 0.53	2.86 , 0.60	8.39, 0.08	2.123, 0.713
Education					
Illiterate	303	88(29.0)	94(31.0)	15(5.0)	82(27.1)
Up to primary	251	59(23.6)	58(23.1)	08(3.1)	39(15.5)
Up to higher secondary	172	49(28.5)	39(22.7)	05(2.9)	28(16.3)
higher education	24	02(8.3)	04(16.7)	00	06(26.1)
Chi square, Pvalue		4.23, 0.23	4.19, 0.24	2.4, 0.5	14.0, 0.003*
Marital status					
Currently married	569	155(27.2)	121(21.3)	27(4.7)	131(23.0)
Widow, divorcee & separated	19	001(5.3)	006(31.6)	001(5.3)	005(26.3)
Never married	162	042(26)	068(42)	000	019(11.8)
Chi square, Pvalue		3.19 , 0.2	15.42 , 0.00*	7.65 , 0.02*	10.004, 0.007*

*significant

However menstrual problems were more common in married women & this difference was statistically significant. Among the gynaecological morbidities the most common symptom was vaginal discharge. The association between education, marital status & vaginal discharge was proved statistically significant.

DISCUSSION

In this study, the prevalence of gynaecological problems was 45.1% which is lower in comparison to similar study conducted in rural India by Bang et al (55 %).[8] This may be due to different selection criteria & different settings adopted for the study. A study conducted by

Kanani et al also found higher prevalence of gynecological morbidities ranging from 65% to 84% in four different parts of India.[9] In our study the most common symptoms were RTI (26.4%) & menstrual problems (26.0%). The similar findings are observed by N.P Das & Urvi shah, where most common gynecological problems were menstrual problems (21-32%) & RTI (27%).[10] Similar results were observed in the review of seven rural & urban studies; where the prevalence of menstrual disorders was 33-65% & that of RTI was 13-57%.[11] The wide variation in the prevalence of RTI in different studies can be explained by the fact that India a vast country with different culture, taboos & health practices which influence the prevalence of RTI. The Most common symptom was vaginal discharge (20.7%) & most common menstrual problem was pain during menstruation 18.7%.Parashar et al obtained almost same results. In their study too, the most common symptom was vaginal discharge 16.2%.[12] Bang et al observed almost similar findings in their study, where the prevalence of pain during menstruation was 15.1%.[8] As contrast to our studty Bhatia et al found that vaginal discharge is more common in lower socioeconomic class.[13] However; this association was not statistically significant in the study. In present study marital status & education status are important determinants of gynecological morbidities.This may be due to married women experience more sexual life, pregnancies, gynecological surgery, deliveries, invasive contraceptives etc, which make women vulnerable for RTIs. This explanation is further supported by the observation made in study of Abhilasha Sharma where prevalence of vaginal discharge is more common (64.7%) in married women as compared to unmarried women (20.7%).[14] Attainment of education clears various misconceptions about many illnesses including RTIs & encourages preventive practices. These facts have also been observed in various studies conducted in India. [12]

CONCLUSION

A number of socioeconomic & demographic factors influence the prevalence of gynecological morbidities. Higher educational status has shown to be protective against gynecological morbidities. Clearly, there is a need to create awareness about reproductive health & provide appropriate education about reproductive and sexual health.

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