

Original Research Article

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Gynecological Morbidity among the Rural women of Andaman Islands-Community Based Study

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ABSTRACT

This study aim to gynaecological morbidity refers to the conditions of reproductive ill-health which is not related to pregnancy and its related complications. The present study was conducted in Andaman district so as to measure the prevalence of gynaecological morbidity among the rural women of this island. Women in the age group 20-59 years were included in the study. Morbidity for gynaecological problem was found to be 13% among women in these islands. The most common gynecological problem reported was menstrual problems present among 75% of women followed by low backache present in 42% of women and chronic vaginal discharge in 24%. Dysmenorrhoea was the most common menstrual problem complaint present in 34%. Among 241 pap smears screened, majority 58% were inflammatory pap. The present study reports for the first time the prevalence of gynaecological morbidity among the rural women in these islands. This study the overall prevalence of gynaecological morbidity is only 13% which is lower than that reported from similar studies. This low prevalence can be attributed to the better education and a good socioeconomic status and easy accessibility to health care services in this island.

Keywords

Gynecological,
Women,
Health,
Prevalence.

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Introduction

Gynecological health is an important component of woman's health status as it has a remarkable impact on the quality of life. It affects not only the reproductive health but also her over all physical health status and ability to perform her daily routine activities. Health problems related to female reproductive tract constitute the leading

cause of ill-health in women of reproductive age group worldwide especially to those in developing countries (UNPFA, 2014). In the recent years, the gynaecological morbidities of rural women especially in the developing countries have received increased attention. Gynecological morbidity refers to the conditions of reproductive ill-health which is not related to pregnancy and its

related complications (Younis *et al.*, 1993). The Andaman and Nicobar Island is situated in Bay of Bengal, forming an arched string of about 572 big and small Islands between 6° and 14°N latitudes and between 92° and 94°E longitudes. The total area of this island is 8249 sq. km, where Andaman district is 6408 sq. km. The present study was conducted in the Andaman district so as to measure the prevalence of gynecological morbidity among the rural women of this island. The study was carried out in the villages of rural areas Andaman Islands of South Andaman and North & Middle Andaman. Villages were the sampling unit. The entire household in the selected village were surveyed by conducting house to house visit. All the women in the age group 20-59 years were included in the study. Ethical clearance was obtained from the Institutional Ethics Committee for Human Research, Regional Medical Research Centre, Port Blair. An informed consent was obtained from all the study subjects after explaining the purpose of the study to them. A pretested structured questionnaire was administered to the subjects seeking information regarding demographic profile *i.e.*, age, religion, occupation, monthly income, menstrual history, marital history and gynecological and medical history by trained staff. Detailed information on menstrual and obstetric histories, as well as presence of any gynaecological complaints was recorded. The menstrual problems, abnormal vaginal discharge, chronic pelvic pain, low backache, something coming out from vagina (as sign of genital prolapse), pain or burning sensation while passing urine (as sign of dysuria) were the gynaecological complaints which were recorded. A total 9961 women were surveyed in our study, among them 4156 (41%) were in the age group 26-35 years, 2319(23%) were between the age group of 20-25 years. The mean age of the women were

33.6(SD±9.85). The mean age at menarche was 12(SD±0.9). The mean age at marriage was 19 years. Majority of the women were Hindus (70%), followed by Muslims (15%). Only 9% women were illiterate, 35% were educated till middle school level and 32% studied upto senior secondary level. 90% of the women were married and only 2% were widow and 8% were unmarried.

Mean number of live children per woman was 2 children, 12% of ever married women gave a history abortion. About 83% of the ever married women used family planning methods. The most common family planning method used was permanent method of sterilization by abdominal tubectomy or laparoscopic ligation in 65% followed by use of condoms in 17%. Among the 9961 women surveyed, 1272(13%) had gynecological problems. Among the symptomatic women the mean age at marriage was 19.6 years (SD± 3.6) mean age at menarche was 12.49(SD± 0.9). The mean number of live children was 1.7(SD ±1.2).

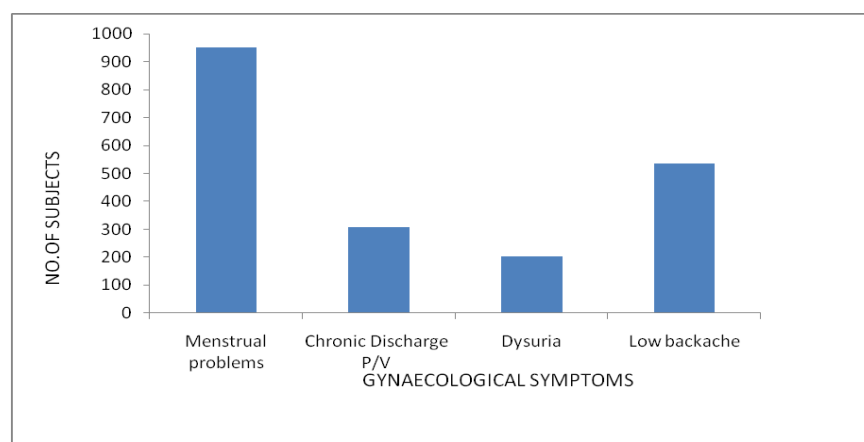
The most common gynecological problem reported was menstrual problems present among 950 (75%) of women followed by low backache present in 536(42%) of women. Chronic vaginal discharge was also prevalent in 308(24%) and dysuria in 204(21%) as shown in Figure No.1. Among the menstrual problem dysmenorrhoea was present in 323(34%) followed by metorrhagia in 206(22%), oligomenorrhoea in 150(16%), polymenorrhoea 122 (13%), 85 (9%) menorrhagia and amenorrhoea in 64(7%). Some pregnancy related morbidities were also present in the study subjects as 56% of the women screened gave history of antenatal medical illness, the most common being gestational hypertension present in 54%, followed by gestational diabetes mellitus in 22% and anemia during pregnancy in 25%.

Table.1 Distribution of Cervical Cytological Findings in the Subjects

Pap smear finding	No. of subjects (n=241)	Percentage (%)
Normal	92	38
Inflammatory	139	58
ASCUS	4	1.6
LSIL	3	1.2
AGUS	1	0.4
NRS		
Scant cellularity	1	0.4
Obscured by blood	1	0.4

ASCUS - Atypical squamous cells of undetermined significance, LSIL - Low grade squamous intraepithelial lesion, AGUS - Atypical glandular cells of undetermined significance, NRS

Figure.1 Prevalence of the Gynaecological symptoms among subjects



Pap smear was collected from 241 among the 308 women who complained of chronic vaginal discharge. The cytological findings are shown in Table 1. Majority of the subjects had an inflammatory pap (58%).

In the present study the overall prevalence of gynaecological morbidity is only 13% which is lower than that reported from similar studies (Sridhar *et al.*, 1991; Judith *et al.*, 1989; Bang *et al.*, 1989; Bhatia *et al.*, 1995; Sandhya 1997; Indra *et al.*, 2003). In a baseline survey conducted by Center for Operations Research and Training in the state of Uttar Pradesh and Rajasthan the prevalence gynaecological morbidity varied from 28 to 37 % (Nandan *et al.*, 2002; Rathore *et al.*, 2003). On the other hand in

the studies conducted in the urban slums of Mumbai and west Bengal a much higher prevalence of gynaecological problems of 75% and 65.84% were reported respectively (Brabin *et al.*, 1998; Suneela, *et al.*, 2001). In the present study menstrual problems are the most common gynaecological morbidity among study subjects similarly in a study done by (Zafer *et al.*, 2004) also menstrual problems were the most common gynaecological morbidity present. The next common gynecological problem was low back ache. In a study done by (Poornima *et al.*, 2013) in Karnataka also the most common gynaecological problems was menstrual problem followed by low backache. This is the first community based cross-sectional study reporting the

prevalence of gynaecological morbidity among the rural women of these remote Islands. The low prevalence of gynaecological morbidities here can be attributed to the better education and a good socioeconomic status and easy accessibility to health care services in these islands.

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