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A study to assess the gynaecological problems among the adolescent girls attending the gynaecology outpatient department in a tertiary care hospital of North India

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Abstract
Background: Adolescence is a transition phase wherein various physical, cognitive, sexual, psychosocial and mental developmental changes occur. The individual goes from puberty through adolescence to reach adulthood. Adolescent girls are hesitant in addressing and discussing their problems. However, since they occupy a significant proportion of society and their wellbeing is empirical, their problems need to be identified promptly. This study identifies major health conditions faced by adolescent girls.
Methods: This research study was conducted at St. Stephen's hospital, Delhi, a tertiary care centre in North India from February 2024 to April 2024. A total of 56 adolescent girls in the age group of 10 to 19 years attending gynaecology outpatient department of St. Stephen's hospital, Delhi were included in this study.
Results: Most of the girls attending gynaecological clinics were between 17-19 years of age and the most common problem encountered was menstrual irregularity (57%). Irregular menses was the most common menstrual complaint accounting to PCOS and hypothyroidism, followed by heavy menstrual bleeding.
Conclusion: Health education regarding menstrual hygiene, menstrual problems and reproductive health is important for growing adolescents. Thus, setting up of adolescent clinics can be useful for them.

Keywords: Adolescence, menstrual disorders, gynaecological problems, adolescent health

Introduction
The transition from childhood to adulthood refers to as adolescence. WHO defines adolescent age group between 10 to 19 years [1]. ACOG recommends that an adolescent's initial visit to a gynaecologist for reproductive health guidance, screening, and provision of preventive services should take place between the ages of 13 and 15 years [2]. About 21% of Indian population belongs to adolescent category which is largest in the world [7]. The gynaecologic problems of prepubertal girls and adolescents differ from those of adult women and hence require a detailed history must be obtained. Confidentiality is an important issue in adolescent health care, particularly with regard to issues as sensitive as sexual activity, it is critical that the adolescent be interviewed alone.
Therefore, this study was done to assess the various gynaecological problems among adolescent girls attending the outpatient department.

Methods
This is a prospective observational study conducted over a period of 3 months from February 2024 to April 2024. Ethical committee clearance was accorded and after taking valid informed consent participants were enrolled in the study.

Inclusion criteria
Adolescent girls between ages 10-19 years attending the outpatient department at St Stephen's hospital, Delhi between February 2024 to April 2024 were included in the study. A detailed clinical history keeping emphasis on details of pubarche, thelarche, menarche was taken. General physical examination including height, weight, BMI calculation, secondary sexual characters, general examination of breast and thyroid was done. Systemic examination included per abdomen examination and local examination of genitalia. Investigations which included hemogram, thyroid profile, serum prolactin, pelvic ultrasound were done.

Exclusion criteria
Adolescent girls with chronic medical or surgical illnesses.

Statistical analysis
To make the entire study straightforward, the data was meticulously categorized for different age groups before being analyzed using Microsoft Excel. Simple mathematical formulas were used to derive percentages in order to properly assess the patients and the issues they presented.

Results

Age distribution

Table 1: Age distribution among participants

Age (years)	Number	Percentage (%)
10-13	9	16.07
14-16	16	28.5
17-19	31	55.3
Total	56	100

Majority of adolescents belong to age groups 17-19 years which is 31 girls (55.3%) followed by 14-16 years i.e. 16 girls (28.5%).

Marital status

Table 2: Distribution based on marital status

Marital Status	Number	Percentage (%)
Unmarried	50	90
Married	6	10
Total	56	100

50 girls (90%) belonged to unmarried category whereas 6 (10%) of them were married.

Body mass index

Table 3: BMI distribution among participants

BMI (kg/m^2)	Number	Percentage
<18.5	12	21.4
18.5-24.9	39	69.6
>25	5	8.9
Total	56	100

39 participants (69.6%) had BMI within normal range which is 19-25, 12 (21.4%) were underweight and only 5 (8.9%) were overweight.

Age of menarche

Table 4: Distribution of participants according to age of menarche

Age of Menarche (Years)	Number	Percentage (%)
< 11	6	10.7
11-14	36	64.2
14-16	12	21.4
No menarche	2	3.5
Total	56	100

Most of the girls attained menarche between 11-13 years of age which was 64.2% of all participants. 6 girls had menarche before 11 years whereas 12 had between 14-16 years of age. Two participants enrolled in the study had primary amenorrhoea.

Gynaecological problems

Table 5: Distribution of gynaecological problems observed among adolescents

Gynaecological problems	Number	Percentage (%)
Menstrual disorders	32	57.1
Primary amenorrhoea	2	3.5
UTI	6	10.7
Vaginal discharge	4	7.14
Ovarian tumour	2	3.5
Teenage pregnancy	6	10.7
Mastalgia	2	3.5
Warts	1	1.7
Genital injury	1	1.7
Total	56	100

32 out of 56 (57.1%) had presented with menstrual complaints. 2 (3.5%) had primary amenorrhoea and 6 (10.7%) had teenage pregnancy.

Types of menstrual disorders

Types of menstrual disorder	Number	Percentage
Heavy bleeding	16	50%
Dysmenorrhoea	3	9.3%
Irregular menses	13	40.6%
Total	32	100

Causes of irregular menses

Causes of irregular cycles	Number	Percentage
PCOS	7	53.8%
Ovarian mass	2	15.3%
Hypothyroidism	4	30.7%
Total	13	100

Discussion

The present study reveals that most adolescent girls (55%) were between the age groups of 17-19. It is comparable to the study conducted by Goswami *et al*., and Chandarkala *et al*., [3, 4] 69% patients had normal range BMI and only 8.9% were overweight. 22% girls were overweight in study by Chandarkala *et al*., and 14.26% were overweight in study done by Kalyankar BV *et al*., [5].

Only 10% adolescent girls were married in our study in contrast to 23% girls of Assam as shown by Joshi R *et al*., [6] demonstrating the difference between metropolitan and marginally developed cities. The most common gynaecological problem encountered were menstrual disorders accounting to 57% of the total study population. Similar trends were seen in studies conducted by Goswami *et al*., (60%) [8] and Kumar (50.7%) [9]. In a study by Jagannath *et al*., 76.5% of the adolescents presented with menstrual disorders [10]. In the current study, 9.3% patients had dysmenorrhoea, similar to the study by Chandarkala *et al*., (8%) [4], but less than the data recorded by Jagannath *et al*., (19.8%) and Joshi R *et al*., (20%) [10, 6]. PCOS was the major cause of irregular menses in our study accounting to 53.8% cases, similar to Chandrakala *et al*., with 44% cases [4], whereas Rithvika Walad *et al*., [11], Hirani G *et al*., [12] Anuradha C *et al*., [13] and Lalitha S *et al*., [14] found 3%, 4.7%, 4.16 and 8% cases respectively of secondary amenorrhoea due to polycystic ovarian syndrome.

Limitations
Since this study was conducted over a short time span and with a small sample size, so the accuracy of result may be limited. Larger studies over longer time span is required to be carried out to identify the distinct gynaecological diseases among adolescent girls.

Conclusion
Adolescent gynaecology is an important part of gynaecology. Irregular menses, heavy menstrual bleeding, increase in BMI, PCOS, anaemia, reproductive and urinary tract infections, teenage pregnancy are cause of concern in present adolescents. These issues need to be addressed and treated promptly. Health education on menstrual hygiene is essential along with healthy life style practices. Increased awareness and further attention towards these problems need to be given. Since the problems are specific to this group, setting up of separate adolescent clinics would be an efficient and effective way.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee.

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