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Evaluation of Gynaecological problems among adolescents in Jammu: A cross sectional study

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Abstract

Introduction: Adolescents is a transitional period of enormous physical and psychological changes for young girls. Adolescent problems are increasing over the years and need special consideration by the health care providers.

Objective: The present study aims at finding and highlighting various gynaecological problems in adolescents as most of these largely remain unaddressed due to lack of sexual knowledge or the feeling of embarrassment to share such issues.

Method: A total of 707 adolescent girls presenting to Gynaecology OPD of GMC Jammu during March 2019- Feb 2020 with various gynaecological problems without any major co-morbidity were evaluated with detailed history and clinical examination after seeking their consent.

Result: Menstrual disorders (65.2%) including irregular menses, menorrhagia, oligomenorrhoea, hypomenorrhoea and polymenorrhoea followed by vaginal discharge (21.6%) were the most common gynaecological problems among the adolescents.

Conclusion: Irregular menses due to dysfunctional uterine bleeding (DUB) and PCOS are the most common gynaecological problems in adolescents. Health awareness among adolescents is the need of the hour.

Keywords: Adolescents, Gynaecological problems

Introduction

Adolescence is the stage of life, stretching between childhood and adulthood, extending from the age of 10-19 years^[1]. They constitute almost 22% of the population in India but owing to their low mortality, they have received low health priority. In this age group, adolescents often grow up with unique nature of physical problems due to emotional and physiological changes^[2, 3]. Psychosocial adjustment is the emblem of this transition as individuals struggle with issues like identity, autonomy, sexuality and relationships. The most common problems in adolescence are related to growth and development, school, some childhood illnesses that continue into adolescence, mental health problems, and the consequences of dangerous or illegal behaviors including injury, legal consequences, pregnancy, infectious diseases, and substance abuse issues. The gynaecological problems of adolescence occupy a special space in the spectrum of gynaecological disorders of all ages. But owing to lack of sexual knowledge or the feeling of embarrassment to share such issues, most of these problems largely remain unaddressed. From the last one decade there has been a growing concern among health care providers towards the uprising trend of gynaecological problems faced by adolescents^[4]. The current study aims at finding and highlighting the common gynaecological problems in adolescents in Jammu.

Material and Methods

The present study was carried out at SMGS Hospital, GMC Jammu from March 2019- Feb 2020. A total of 707 adolescent girls belonging to adolescent age group of 10-19 years, were randomly selected who visited the gynaecology OPD at SMGS hospital.

Objective of study

To study and highlight various gynaecological problems of adolescents in Jammu region

Inclusion criteria

Patients visiting the gynaecology OPD and belonging to adolescent age group, having gynaecological problems and willing to be part of a study were included.

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Exclusion criteria

Patients having some surgical illness or major co-morbidities and unwillingness to participate in the study were excluded. The adolescent girls along with their mother/guardian were first interviewed for gynaecological problems, surgical problems or any co-morbidity and then all the adolescents qualifying the criteria of the study were examined clinically for base line parameters.

Statistical Analysis

The recorded data was compiled and entered in a spreadsheet (Microsoft Excel) and then exported to data editor of SPSS Version 20.0 (SPSS Inc., Chicago, Illinois, USA). Continuous variables were expressed as Mean \pm SD and categorical variables were summarized as frequencies and percentages.

Results and observations

The results and observations of the present study with respect to age, socio-demographic character and different gynaecological problems along with their causes will be presented in this section.

Table 1: Age distribution of study adolescent girls

Age (Years)	Number	Percentage
< 13	59	8.3
13-15 Yrs	98	13.9
15-17 Yrs	216	30.6
17-19 Yrs	334	47.2
Total	707	100
Mean \pm SD (Range)=16.3 \pm 2.87 (10-19)		

It is evident from the table 1, that the mean age of adolescent girls in our study is 16.3 years which falls in the age interval 15-17 with a standard deviation of 2.87

Table 2: Socio-demographic characteristics of study adolescent girls

Socio-demographic characteristics	Number	Percentage	
Residence	Rural	267	37.8
	Urban	440	62.2
Marital status	Married	40	5.7
	Unmarried	667	94.3
Educational status	Illiterate	174	24.6
	Upto 5th standard	36	5.1
	Upto 8th standard	114	16.1
	Upto 10th standard	231	32.7
Knowledge about health services	Yes	434	61.4
	No	273	38.6

Table 2 shows that urban adolescents constitute 62.2 percent of patients in the present study while as 37.8% are from rural class. Out of 707 patients, 667 were unmarried and only a small percentage of 5.7% were married. Majority of adolescents were having their educational standard up to 10th level, followed by 8.1% who were having up to 8th standard educational level and

rest of the patients were either illiterate or their educational level up to 5th standard.

Table 3: Health problems in study adolescent girls

Gynaecological Problems	Number	Percentage
Menstrual disorder	461	65.2
Vaginal discharge	153	21.6
Ovarian tumors	28	4.0
Puberty Menorrhgia	26	3.7
Breast lipoma	13	1.8
Sexual Assault	10	1.4
Pelvic inflammatory disease	5	0.7
Mastalgia	4	0.6
Premenstrual syndrome	4	0.6
Breast discharge	3	0.4
Septic Abortion	0	0.0
Total	707	100

It is clear and evident from the above table 3, that the main gynaecological problem among the adolescent were menstrual disorders constituting about 65.25% followed by vaginal discharge which accounts for 21.6%.

Table 4: Type of menstrual disorder in study adolescent girls [N=461]

Type of Menstrual Disorder	Number	Percentage	
Amenorrhea	Primary	18	3.9
	Secondary	45	9.8
	Total	63	13.7
Dysmenorrhoea	Primary	37	8.0
	Secondary	30	6.5
	Total	67	14.5
Irregular Menses	Menorrhgia	176	38.2
	Oligomenorrhoea	123	26.7
	Hypomenorrhoea	18	3.9
	Polymenorrhoea	14	3.0
Total	331	71.8	

As analyzed in table 3, the main gynaecological problem was menstrual disorder, table 4 analyses the type of menstrual disorder, wherein we found that out of 471 menstrual disorders, 331(71.8%) were having irregular menses with Menorrhagia (38.2%), oligomenorrhoea (26.7%), hypomenorrhoea (3.9%) and polymenorrhoea (3%). Dysmenorrhoea abnormalities with primary and secondary form were respectively 8% and 6.5%. It was also observed that out of 471 menstrual disorders primary and secondary amenorrhoea was 3.9% and 9.8% respectively.

Table 5: Causes of amenorrhoea in study adolescent girls

Causes of amenorrhoea	Number	
Primary amenorrhoea	Imperforate hymen	12
	Mullerian agenesis	4
	Turner syndrome	2
	Total	18
Secondary amenorrhoea	PCOD	31
	Pregnancy	14
	Total	45

Table 6: Causes of menstrual disorders in study adolescent girls

Causes of menstrual disorder		No.
Dysmenorrhoea	Primary	37
	Secondary	30
	Total	67
Irregular Menses	Dysfunctional uterine bleeding (DUB)	201
	PCOS	78
	Hyperprolactinemia	31
	Hypothyroidism	19
	Clotting disorder (ITP)	2
	Total	331

Discussion

The present study showed that menstrual disorder is the most common gynaecological problem among 707 randomly selected adolescent girls which accounts for 65.2% which is in comparison to studies done by Sreelatha *et al.* [4], Sheil O *et al.* [5], Goswami *et al.* [6] and Ramaraju *et al.* [7]. In the study conducted by Sreelatha *et al.* [4], it was observed that 62.5% gynaecological problems were due to menstrual disorders. Similarly, Ramaraju *et al.* [7] reported that 74% gynaecological problems are due to menstrual disorders followed by vaginal discharge which accounts for 17% in their study; much similar to the present study. In the present study, it was observed that irregular menses constitutes (71.8%) of all the menstrual disorders with menorrhagia (38.2%), oligomenorrhoea (26.7%), hypomenorrhoea (3.9) and polymenorrhoea (3%). Out of these 471 (71.8%) menstrual disorders, 331 were having irregular menses in which 201 were due to dysfunctional uterine bleeding (DUB), 78 were having PCOS, 31 were having hyperprolactinemia, 19 were having hypothyroidism and clotting disorder as a cause was observed in only 2 patients which is similar to the study conducted by Ramaraju *et al.* [7] who in their study reported that out of 44 menstrual disorders, 27 are having dysfunctional uterine bleeding, 9 are due to PCOS, 3 are having hypothyroidism, 4 are due to hyperprolactinemia and none had clotting disorder. In the present study, menstrual disorder in terms of primary amenorrhoea is observed in 18 girls constituting 3.9% out of which 12 girls were having imperforate hymen, 4 girls were having mullerian agenesis and 2 were diagnosed as Turner syndrome which is similar to the study reported by Ramaraju *et al.* [7] wherein primary amenorrhoea was observed in 7 adolescents and 5 of them were due to imperforate hymen, 1 was having Mullerian agenesis and one was a case of Turner syndrome. Secondary amenorrhoea in our study was observed in 45 (9.8%) girls in which 31 patients were having PCOD and 14 were having pregnancy while as Ramaraju *et al.* [7] reported 9 secondary amenorrhoea out of which 6 were reported due to PCOD and 3 due to pregnancy. Dysmenorrhoea accounts for 14.5% out of which 8% were having primary dysmenorrhoea and 6.5% were having secondary dysmenorrhoea.

Conclusion

In the present study we found that majority of adolescents were having menstrual disorders followed by vaginal discharge as the most common gynaecological problems. There are various causes responsible for menstrual disorder among adolescent girls but the most common of them was observed to be irregular menses due to dysfunctional uterine bleeding (DUB) and PCOS. From this study, it is clear and evident that adolescent girls are at high risk of developing several gynaecological problems if not addressed in the early stage, so the need of the hour is to educate them about human reproductive health system, maintenance of proper hygiene, safe sex practices, STIs and emergency

contraceptive measures so as to protect and promote their health. Establishing specialized adolescent clinics will certainly reap rich rewards tomorrow.

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