

Gynecological Symptoms in Apparently Asymptomatic Women

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Abstract: Objective: Exploring gynecological symptoms in apparently asymptomatic women to identify hidden portion of iceberg of diseases like malignancy and determining causes for delayed presentation.

Methods: A cross sectional study was conducted by giving preformed questionnaire to 100 female accompanying persons of the patients at government maternity hospital, Tirupathi. The questionnaire contains leading questions regarding various gynecological problems. If symptoms were present women were asked whether they underwent medical consultation, if not the reasons for not consulting.

Results: 75% of women had gynecological symptoms. Dysmenorrhea (31%), excessive bleeding during menstruation (26%) and icteric and menopausal symptoms like hot flushes (25%) were leading. Among these women, 46.6%(35) women consulted medical personnel and 72.5%(29) of them were relieved of symptoms. Among the 75% women symptomatic women, 46.6%(35) women didn't seek medical care, major reasons being lack of medical awareness (69%), financial problems (54%) and apprehension(22.8%)

Conclusion: This study showed that most of apparently asymptomatic women have gynecological symptoms and half of them didn't seek medical consultation because of lack of awareness, financial problems and apprehension. This leads to progression of underlying disease and delayed presentation especially in malignancies. Health education in the form of social media, group discussions would help in early diagnosis.

I. Introduction

Gynecological health status of women of developing countries should be considered very serious. In developing countries like India, gynecological morbidity is a major problem. However, they do not get the appropriate knowledge due to lack of a proper health education.

Moreover, the traditional Indian society regards talks on such topics as taboo and discourages open discussion on these issues. Due to this "culture of silence" there is apprehension in disclosure of the symptoms.

Delayed diagnosis and treatment of benign diseases leads to increase in morbidity and decreased quality of life. The same in malignant diseases will lead to disease progression and presentation in late stages with catastrophic outcomes. The present information is inadequate because most of that comes from hospital based registries which suffer from incomplete coverage.

This study is an attempt to reveal the magnitude of gynecological morbidity and health seeking behavior in a peri urban community of Andhra Pradesh, southern India.

II. Objective

Exploring gynecological symptoms in apparently asymptomatic women to identify hidden portion of iceberg of diseases like malignancy. Analyzing the causes for delayed presentation to take measures to early detection.

III. Materials And Methods

3.1 Method of study: cross sectional study

3.2 Study setting: Government maternity hospital, SVMC, Tirupathi.

3.3 Study subjects: Individual women were the units of study. No age, religion or socioeconomic factors were taken into consideration while enrolling women into the study.

100 women who were the female accompanying persons of patients attending inpatient and outpatient departments of government maternity hospital, tirupathi, were the people studied.

3.4 Sampling: Simple random sampling was used.

3.5 Method: A preformed close ended questionnaire was given to the women in the study.

The questionnaire contained demographic details like age, address, religion etc:- . It also addressed several common menstrual problems like dysmenorrheal, menorrhagia and irregular cycles through leading questions.

Other gynecological symptoms like pain or mass abdomen, white discharge per vaginum, urinary incontinence, coital difficulties, menopausal symptoms and prolapsed per vaginum.

After that the patients were asked if they have any other symptoms to report.

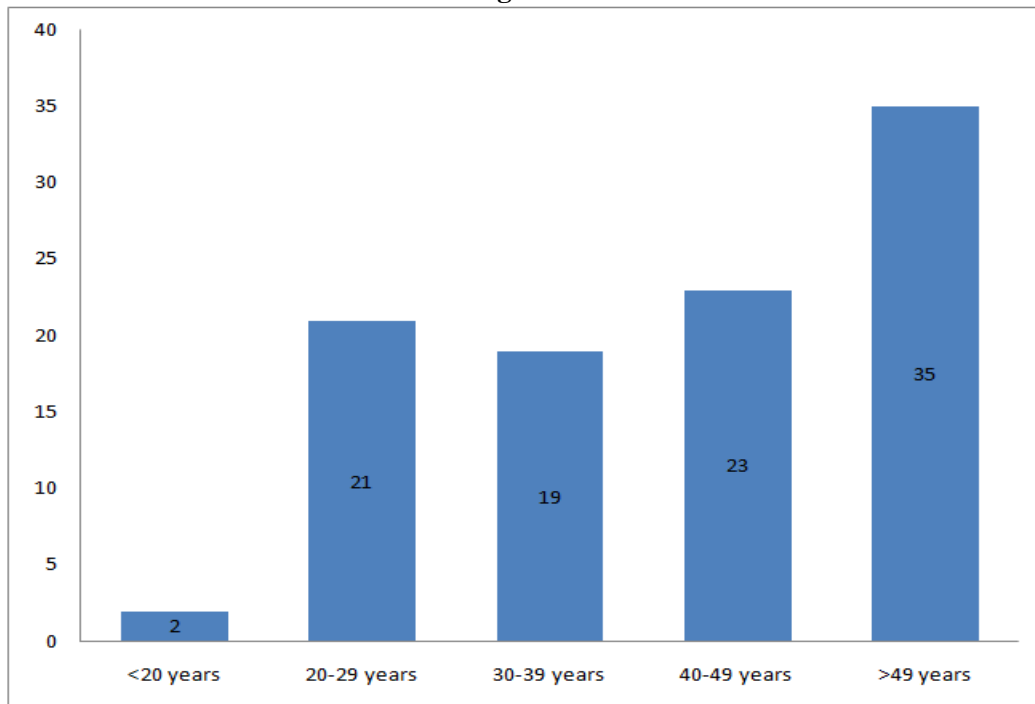
The questions also probed into the past consultation with doctor and the improvement of condition after consulting doctor. If they have not consulted any medical personnel the reasons for not consulting a medical personnel were collected.

All the responses were collected, tabulated and results were analyzed.

IV. Results

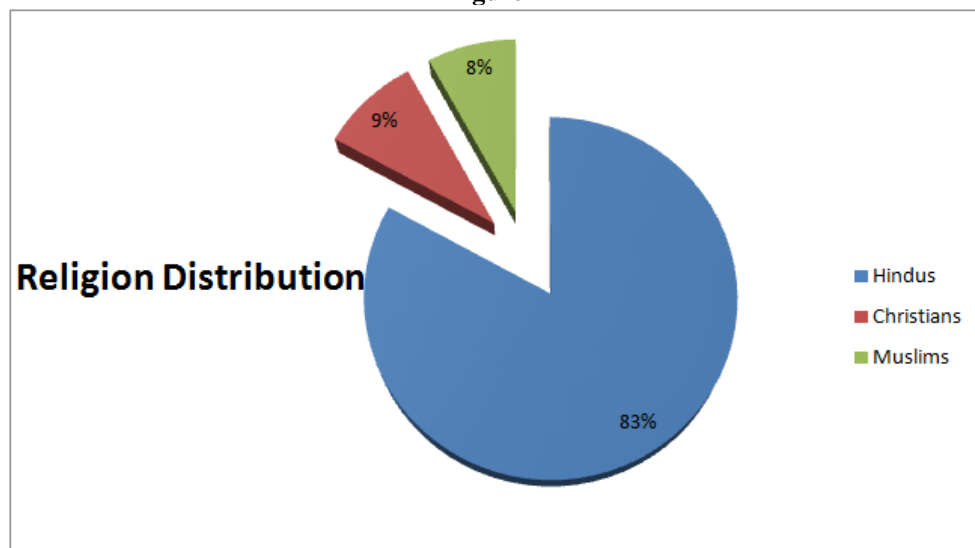
Out of the 100 women studied two belonged to less than 20 yrs of age, 21 belonged to 20-29yrs, 19 were of 30-39 yrs age group, 23 were between 40-49 yrs age group and 35 women were above 49 yrs.

Figure 1

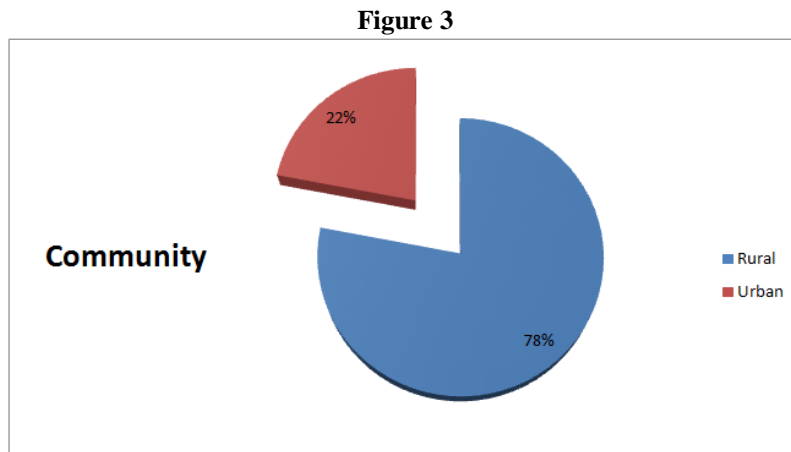


Out of 100 women 83 belonged to hindu community, 9 were Christians and the rest were muslims.

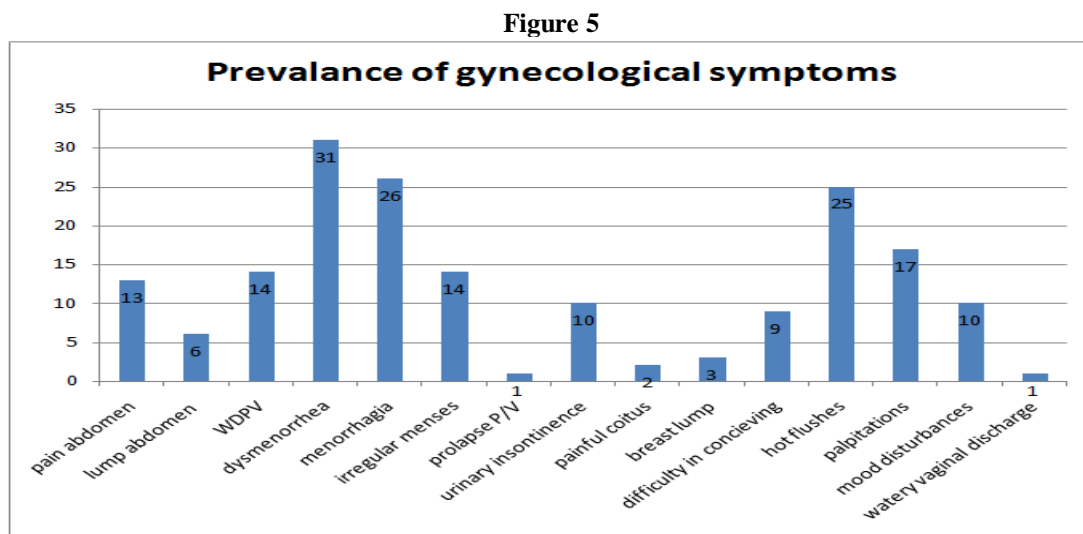
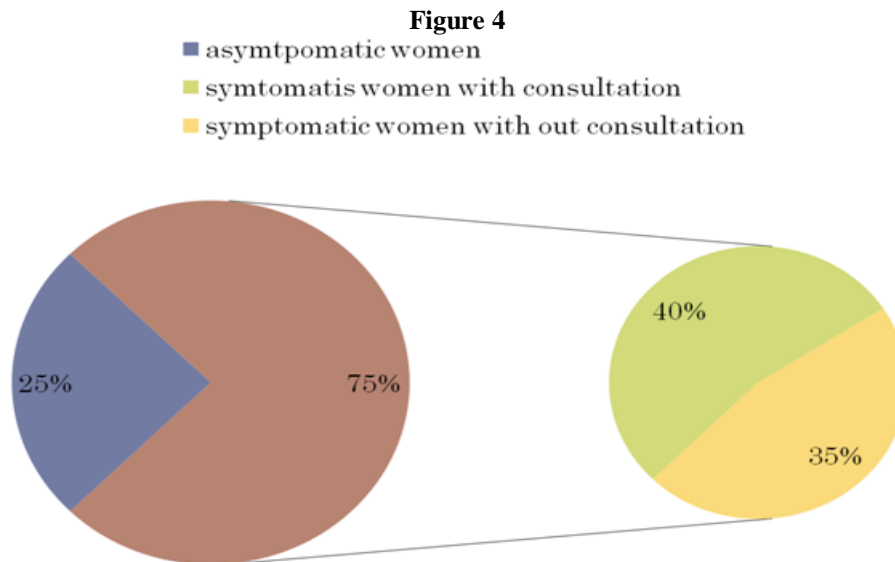
Figure 2



78% hailed from rural area and 22% from urban area.



75% of the women had one or more gynecological symptoms during life time and 25% did not have any gynecological symptoms till the time of study. 40 of the 75 women consulted doctor for their symptoms while the remaining 35 did not.



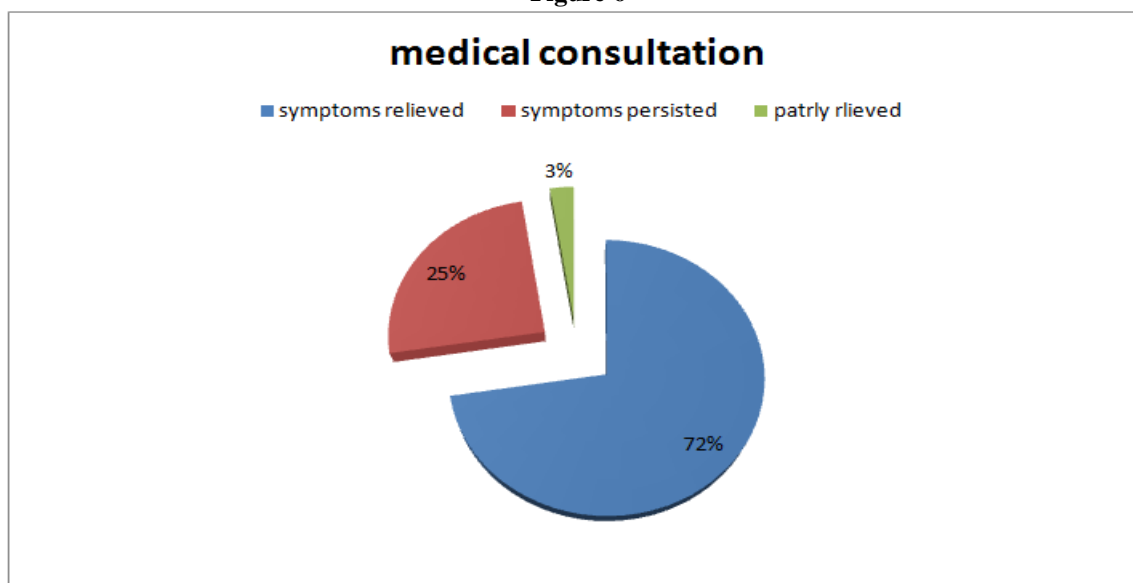
Dysmenorrhea i.e. excessive pain during menstruation, formed the major chunk of the problems with 31% of women reporting dysmenorrhea, followed by excessive menstrual bleeding in 26%. Coming to peri - menopausal symptoms hot flushes were reported in 25%, palpitations in 17% and mood disturbances in 10%. Irregular menses were seen in 14%. 13% of women complained of pain abdomen with 6% reporting mass abdomen. White discharge per vaginum was found in 14 women. It was foul smelling which suggests infective cause in 3%. Difficulty in conceiving was noted in 9 women in which the alleged cause was male factor in 2 women and female in 1 case and was unknown in 6 cases. Urinary incontinence i.e. was elicited in 10% women. Coital difficulties were present in 2 women who reported pain during coitus. Lump in the breast was present in 3 women. Post menopausal watery discharge was seen in one woman and prolapse per vaginum in one woman.

Table 1

S.No.	Symptoms	Percentage of women reporting symptoms (%)
1.	Pain abdomen	13
2.	Mass abdomen	6
3.	WDPV	14
	Foul smelling	3
4.	Excessive pain during menstruation	31
5.	Excessive bleeding during menstruation	26
6.	Irregular periods	14
7.	Prolapse per vaginum	1
8.	Difficulty in holding urine or leakage of urine during coughing or sneezing	10
9.	lack of satisfaction during intercourse	0
	Pain during intercourse	2
	Bleeding after intercourse	0
10.	Lump in the breast	3
	Pain in the breast lump	0
11.	Difficulty in conceiving	9
	Male factor	2
	Female factor	1
	Unknown	6
12.	Peri - menopausal symptoms : hot flushes	25
	Palpitations	17
	Mood disturbances	10
13.	Post menopausal bleeding	0
	Foul smelling discharge	0
	Watery vaginal discharge	1

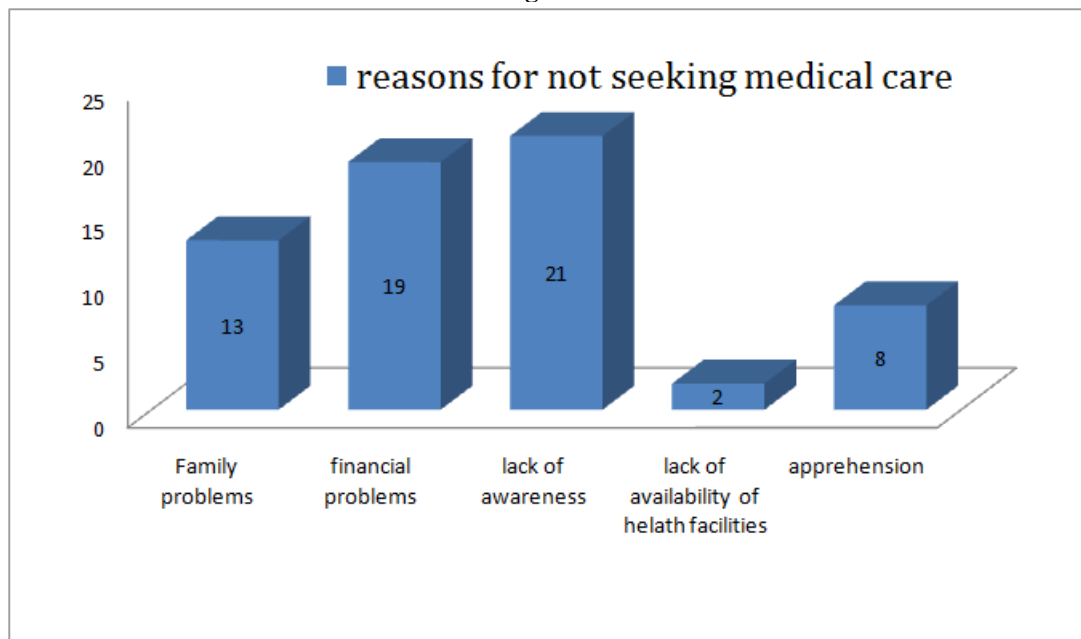
Regarding health seeking behavior the respondents revealed that 40 (53.3%) of the 75 symptomatic women consulted a doctor for their symptoms and 29 of them (72.5%) had been relieved from the symptoms. Symptoms persisted in 10 women (25%) and were partly relieved in 1 woman (2.5%).

Figure 6



Analyzing the 35 women, who did not consult a doctor, further, many of them gave more than one reason. 21 women reported lack of awareness about the health problem and the severity of the symptom. Financial problems were given as a reason by 19 women and family problems in 13 women. 8 women were apprehensive in disclosing the symptom to family or medical personnel lack of availability of health resources was the reason given by two women.

Figure 7



V. Discussion And Analysis

Health is defined as a state of complete physical, mental and social well being. Hence to achieve a healthy state it is important to be free from gynecological diseases as well. Gynaecological morbidity includes health problems outside pregnancy such as reproductive tract infections, menstrual problems, infertility, cancers, prolapses, incontinence and problems related to intercourse. A recent study carried out in Delhi, India reported that overall reproductive morbidity was 41.3%¹

This morbidity is particularly severe where developing countries are concerned because of the lack of support for women to visit health services and the ‘culture of silence’.^{2,3}

A study of adolescent females in India, showed the commonest reported menstrual problem was dysmenorrhoea (40.7%) followed by irregular menses (2.3%) of which only 5.3% consulted a doctor and 22.4%, took over the counter medications from the chemist shops.⁴ These results were duplicated in the present study where menstrual problems were the major chunk of symptoms ever experienced in life, reported by the respondents. Coming to urogynecological problems, urinary incontinence symptoms were present in 10% of women which was less than the 20.6% prevalence obtained in a study of Qatari women.⁵ This difference can be attributed to difference in selection of population of study in the two groups. In the same study it was shown that urinary incontinence seriously affected the quality of life of women. Still, consultation rate for that was low in the north Indian women.⁵

High reproductive (both gynaecological and obstetric) morbidity is reported from neighbouring countries: 62.7% obstetric morbidity and 37.2% gynaecological morbidity in Pakistan⁶ and about three fourth (72%) of the women in a study in Nepal had experienced or experiencing some form of reproductive problem in the past or at present.⁷ Education and outreach are needed to reduce the stigma, embarrassment and lack of knowledge related to RTIs. The low social status of women appears to be a significant influence on their low rates of treatment for these conditions.⁸ This is consistent with the present study where financial problems were found to contribute to not seeking medical care. The role of mass media like television and radio can not be over emphasized in creating public awareness on these issues. The desired effect of health education cannot be met in absence of active interaction between the source and the recipients. This can be achieved if the health professionals involve in active health education programmes among rural women. The health programmes must include importance of various gynecological symptoms a woman might experience and the clinical implications of them. Special reference has to be given to malignant diseases.

VI. Strengths And Limitations

Inclusion of all age groups in the study covers problems related to all the age groups. The study was conducted in a setting where both rural and urban population attended the hospital thus encompassing both the communities. The main limitation of this study is the simple random sampling technique used which resulted in inclusion of many women above 49 years. As the women were asked to recall the symptoms there is chance of recall bias in the study.

VII. Conclusion

This study showed that most of apparently asymptomatic women have gynecological symptoms and half of them didn't seek medical consultation mainly because of lack of awareness about the severity of problem, financial problems and apprehension. This leads to progression of underlying disease and delayed presentation in advanced stages of disease especially in malignancies. Health education regarding early medical consultation and early diagnosis in the form of social media, group discussions would decrease the morbidity.

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