

Gynaecological Health Profile and Their Management Practices of Women

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ABSTRACT

Introduction: Women is backbone of the family and it is “she” who makes the “house “a home. There are so many gynaecological conditions which have a capacity to cause death and serious damage to the woman’s life.

Aim: To assess the gynaecological health profile and their management practices among women residing in selected community areas of Punjab.

Objectives: 1. to assess the gynaecological health profile of women. 2. To assess the management practices of women. 3. To determine the association between gynaecological health profile and selected socio demographic variables.

Material and methods: An evaluative research approach was adopted under the study was conducted among 200 married women aged 18-45 years residing in the selected community areas of Punjab i.e. Chatamli, Chatamla, Dhianpura. Convenient sampling technique was used to select the sample. An interview schedule with three research tools was developed for the study to assess the gynaecological health profile and their management practices among women.

Result: The finding revealed that out of 200 women gynaecological health profile, symptoms related to RTI/STI and menstruation problems were most common. Majority of 64(32.00%) subjects reported symptoms of RTI/STD, 56(28.00%) subjects reported symptoms of menstruation problems, 25(12.05%) subjects reported symptoms of UTI. The majority 147(73.05%) of subjects had not received treatment from any areas, while 53 (26.05%) subjects had received treatment from different area. There was significant association between gynaecological health profile and some socio demographic variables.

Conclusion: Our study shows that prevalence of gynaecological morbidity is high in community areas. In spite of having gynaecological problems, only few women (26.5%) sought treatment due to various barriers. So it is very important to motivate the people to acquire early treatment. Educating the public and screening camp is very much essential.

Key words: Gynaecological health profile, Management practices, Women

1 Introduction

The gynaecology is the primary branch of medical science concerned with women health issue. The word “gynaecology” is a word consisting of “gyneco” meaning “woman,” and “logic,” meaning knowledge. Taken together, it is “woman Knowledge.” It is important that every woman has a more knowledge related to women health issue, not only about her reproductive system but about all aspects of her body or system. Since the female reproductive system or gynaecological health play a great role in life of the women. There are many disease conditions which affect man and women both but there are so many disease conditions which mainly affect the woman more such as urinary tract infection etc. To maintain the better health of the women and to save the life of the women, it is important to maintain her best possible state of health. Women have their own health issues, which deserve special attention. In most women there historical life is so difficult because the women lives have changed over the centuries

[3] Gynaecological morbidity is one of the biggest world health problems. It is preventable but regularly it affects millions of ladies in around the globe. By international policymakers it is a serious public health concern and it gains more attention worldwide since it is related with a higher risk of HIV infection. At the community level gynaecological morbidity is neglected and not understood properly; even in many parts of the world women status and appropriate services are not provided [4]. Any type of disease or dysfunction of the reproductive system which is not associated with pregnancy, abortion, or childbirth but related to sexual behaviour such as reproductive tract infection, cervical cell changes, urinary tract infection and back pain is called a gynaecological morbidity. [5] In the women morbidity can be classified into three groups such as reproductive, gynaecological and contraceptive. Gynaecological morbidity aren’t directly associated with gestation, delivery and period of time it’s the disorder of the venereal tract. Gynaecological morbidity is more common than other disease and is a big burden for women. Gynaecological morbidity leads to

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physical, social, mental stress and also leads to loss of productivity. According to WHO (World Health Organization), 1995 one third of all healthy lives lost among adult women are due to gynaecological health problem [1].Gynaecological disorders are associated with premature mortality or reproductive ill health and it occur more frequently and seriously affects the life of women. Maternal mortality has been used as an indicator for women health. [6]

Gynaecological morbidity thought- about as an incapacity and loss of productivity and most typical grievance with generative and contraceptive morbidity [7]. Women gynaecological morbidity is influenced by socioeconomic status and cultural norms. For example, a study of women in rural Maharashtra showed that the women perceived white vaginal discharge to be a normal part of sexual maturation but also a reflection of immoral sexual behaviour .The study quoted one woman as saying like every tree has flowers, every woman has white discharge Except is it not soothing like a flower. White discharge also causes mental health issues, tension and STI’s. The woman feel more Shy and hesitant to use the word “safedpani”. They use other words to express their symptom of white discharge such as weakness, backache etc. Often women use indirect words to express their real problems to reduce the embarrassment. [4]This study will helps - us to find out the gynaecological health profile among married woman and create awareness related to gynaecological health profile and inspire the women for taking an acceptable treatment for her symptoms. Thus this study helps the women for better life and help to decrease the symptoms.

2 Materials and Methods

The study was aimed at to assess the gynaecological health profile and their management practices among women residing in selected community areas of Punjab. A non-experimental research approach was adopted for the study and descriptive design was employed to assess the gynaecological health profile among women. 200 married women (aged 18-45 years) were selected by convenient sampling technique. The data was collected from selected community areas of Punjab, district Roopnagar, villages:Chatamli, Chatamla, Dhianpura. A structured interview schedule was used to assess the gynecological health profile and their management practices among women. The reliability of the tool was checked by Split half method and tool was found reliable. (r=.67) The anonymity and the confidentiality of the subjects were maintained throughout the study. The data was analysed on the basis of objective of the study through SPSS 16.0.

3 Result

The study was conducted on 200 married women (18-45 years) belonging to rural community of Roopnagar District. Majority of the subjects (40.0%) were in the age group 26-30 yrs. As per religion most of the study subjects belong to Sikh religion that was (88.0%). In case of educational status majority of subjects (54.0%) were highly educated. As per occupational status majority (89.0%) subjects were house wives. According to type of family (79.5%) subjects were living in nuclear family. In case of income (52.5%) of study subjects family income was Rs.5001- 15000, According to marital status majority of the study subjects (98.0%) were married.

His present data in shows that as per age at marriage most of (93.0%) study subjects were in between18-25 yrs. In case of number of children (40.5%) of study subjects had 2 children. In case of mode of delivery most of (54.00%) study subjects had vaginal delivery with episiotomy. According to place of delivery most of(65.0%) study subjects had delivered the baby in government hospital. According to use of contraception, majority of 103 (51.5%) study subjects were using contraceptive methods

Table 1: Frequency and percentage distribution of subjects as per their gynaecological health profile N=200

Gynaecological Health Profile	F (%)
Health profile related to menstruation problem	56 (28.0)
Health profile related to RTI/STI	64 (32.0)
Health profile relate to UTI	25 (12.5)
Health profile related to Reproductive organ prolapse	13 (06.5)
Health profile related to sexual health	16 (08.0)
Health profile related to cervical cancer	12 (06.0)
Health profile related to PCOD	17 (08.5)
health profile related to Infertility	15 (07.5)

The Table:1 depicts the frequency and percentage distribution of subjects as per gynaecological health profile among the subjects which shows that majority of 64 (32.0%) study subjects were experienced RTI/ STI symptoms, more than half of 56 (28.0%) study subjects were presenting menstruation symptoms, 25 (12.5%) subjects were experienced UTI symptoms, 17 (08.5)of study subjects suffered PCOD symptoms, some 16 (08.9%) subjects were experienced sexual health symptoms, 15 (07.5) subjects were presenting infertility symptoms, few 13 (06.5%) subjects had suffered from reproductive organ prolapse symptoms and only 12 (06.0%) subjects were experience cervical cancer symptoms.

Table 2: Percentage distribution of subjects according to area from where taken treatment N=200

Area from where taken treatment	F (%)
PHC/CHC	6 (03.0)
Government	16 (08.0)
Private	27(13.5)
Clinic	4(02.0)
No treatment	147(73.5)

Table-2 shows the percentage distribution of subjects according to area from where treatment was taken shows that the majority 147 (73.5%) subjects did not received any treatment, most of 27(13.5%) subjects took treatment from private hospital, 16(08.0%) subjects got treatment from government hospital, some 6 (03.0%) subjects received treatment from PHC/CHC and only 4(02.0%) subjects were received treatment from clinic.

Chi square was used to find out association between socio-demographic variables with gynaecological health profile. The finding reveals that some sociodemographic and reproductive variables was significant with gynaecological health profile at the level of $p < 0.05$

4 Discussion

Present study findings revealed that out of 200 women gynecological health profile, symptoms related to RTI/STI and symptoms related to menstruation problems were most common. Majority 64(32.00%) subjects reported symptoms of RTI/STD, 56(28.00%) subjects reported symptoms of menstruation problems, 25(12.05%) subjects reported symptoms of UTI, some 17 (8.05%) subjects suffered from symptoms of PCOD, few 16 (8.00%) subjects suffered from symptom of sexual health, 15(7.05%) subjects reported symptoms of infertility, 13 (6.05%) subjects reported reproductive organ prolapse and only 12(6.00%) subjects reported cervical cancer. The result were consistent with the finding of another study conducted by Mathew L,(2017) shows that symptoms related to reproductive tract infection such as lower backache with excessive white discharge (25.2%), and symptoms related to dysfunctional uterine bleeding and menstrual disorder (18.2%).[8] Another similar study conducted by Gosalia V. V,(2012) shows that some women(26.4%) had symptoms related to reproductive tract infection, some women(26%) were suffering from menstrual problem, and 20.7% had vaginal discharge and 3.75% women were suffering from dyspareunia.[11]

Another similar study conducted by Inamdar I.F et.al (2013)the study revealed that the most common gynaecological morbidity was(46.8%) menstrual morbidity , 25.2% subjects suffered from RTI,15.2% had pelvic organ

prolapsed and the least gynaecological morbidity was uterine infection(.13%).[9]

In present study findings revealed that the majority of subjects (73.05%) had not received treatment from any areas, while 26.05% subjects had received treatment from different areas. 26.05% subjects who had received treatment, under this 13.05% subjects consulted to private hospital, 8. % subjects sought treatment from government hospital, few 3% subjects had received treatment from PHC/CHC and only 2% subjects had received treatment from clinic. A similar study conducted by Mathew L et.al (2017) shows that 63% women consulted to private hospitals, 2% women received treatment from government hospital, 8% women received treatment from PHC/CHC, and 5% from clinic or general practitioner. [8]

In present study finding revealed that the 73.05% subjects not sought any type of treatment, while 26.05% women received treatment from different areas. Those women who received treatment under this 19.1% subjects were taken allopathic medicine, 4.5% subjects were taken home remedies and some 2.5% subjects were taken ayurvedic medicine and few0.5% subjects taken homeopathic medicine. A similar study conducted by Mathew L shows that 63.9% women had sought some form of treatment, 36.1% had not sought any treatment. 32% received homeopathic, Ayurvedic and naturopathic medicine and 2% received home remedies. [8] one more similar study conducted by Kaur S et.all(2013) revealed that the 45%women did not receive any type of treatment because they thought these symptoms are normal and 31.5% took Allopathic treatment and 10% took Ayurvedic treatment, home remedies followed by7% women[10].

Present study finding revealed that association between occupation and reproductive organ prolapse found significant at the level of $p < 0.05$. Hence there is a significant relationship between reproductive organ prolapse and occupation. There is association between education with PCOD and type of family with PCOD found significant the level of $p < 0.05$. Hence there is a significant relationship between them. Present study finding revealed that association between reproductive variables and gynaecological health profile. association between age at marriage with menstruation problem, age at marriage and mode of last delivery with menstruation, mode of last delivery with RTI/STI, age at marriage with reproductive organ prolapse, age at marriage and mode of last delivery with sexual health, age at marriage with cervical cancer, age at marriage with PCOD, age at marriage, place of delivery, number of child and mode of last delivery with infertility found significant at the level of $p < 0.05$. Hence there is significant relationship between some reproductive variables and gynaecological health

profile. Similar study conducted by Mathew L shows that significance association between gynaecological morbidity and number of children. [8]

5 Conclusion

Our study shows that prevalence of gynaecological morbidity is high in community areas. In spite of having gynaecological problems, only (26.5%) sought treatment due to various barriers. So it is very important to identify and motivate people to acquire early treatment. Educating the public and screening camp is very much essential.

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