



GYNAECOLOGICAL PROBLEMS AMONG ADOLESCENT FEMALES

Dr. Bhoomika Jain	MBBS, Junior Resident, Department of Obstetrics and Gynecology, MGM Medical College, Sector 4E, Kalamboli, Navi Mumbai-410218.
Dr R Vidya*	MBBS, Junior Resident, Department of Obstetrics and Gynecology, MGM Medical College, Sector 4E, Kalamboli, Navi Mumbai-410218. *Corresponding Author
Dr. Jayshree Narshetty	MBBS, MS Professor, Department of Obstetrics and Gynecology, MGM Medical College, Navi Mumbai-410218.
Dr. Krutika Karkhanis	MBBS , MS, MGM Medical College, Navi Mumbai, MGM Kalamboli, Sector 4E, Kalamboli, Navi Mumbai-410218.

ABSTRACT

INTRODUCTION: Adolescents represents about a fifth of India's population. Adolescence is divided into early(10-13 years) middle 14-16years) and late adolescence(17-19). Among adolescents, girls constitute a more vulnerable group. Developmentally, it is a crucial period particularly with reference to reproductive health. The young women who are at the brink of womanhood constitute the most crucial segment of our population from the point of view of the quality of our future generation. Thus this period of life requires special attention from family, community and the whole society.

AIMS: Goal of this study in to identify the most common gynaecological problems in adolescent girls attending the Gynecology OPD and to educate and counsel them about these problems.

MATERIAL AND METHODS: 100 adolescent girls of 10-19 years attending the Gynaecology and Paediatrics OPD of MGM hospital Kalamboli.

RESULTS: In our study among the abnormal menstrual patterns, oligomenorrhea was the leading cause (13%), followed by hypomenorrhea and puberty menorrhagia 7% and 6% respectively, 32% had primary dysmenorrhea which was spasmodic in nature. 19% of the girls had pallor on clinical examination.

CONCLUSION: As per our study it was concluded that, menstrual problems were the common complaints of the adolescent females. Majority of girls had pallor on clinical examination. Thus it is concluded that, along with providing better health care services; workshops, seminars and symposium for those adolescents, their parents, caregivers, and teachers regarding how these adolescents can develop healthy life style practices should be started. Active discussion and problem-solving techniques to confront challenges of adolescents' health should be initiated in order to provide better care and attention to the adolescent age group of our society.

KEYWORDS :**INTRODUCTION**

The term adolescence was popularised 100 years ago when G. Stanley Hall used it to describe the 2nd decade of life, since then adolescence has been considered a very turbulent period.

Adolescents represent about a fifth of India's population. The term adolescence comes from the Latin word Adolescere which means to grow up.⁽¹⁾

Adolescence is divided into early (10-13 years) middle (14-16 years) and late Adolescence (17-20 years). During this period, changes occur in the pattern of thinking, attitudes, ideas, relationships and moral standards and this transition is uneven, reaching an earlier physical maturity and reproductive capability as compared to psychological and social maturity.⁽²⁾

It is only recently that we have acknowledged the need for a separate speciality for adolescents to handle their medical, psychological, social and sexual problems. They need to be heard and understood patiently and should be given friendly practical advice.

Among adolescents, girls constitute a more vulnerable group, particularly in developing countries where they are traditionally married at an early age and exposed to greater risk of reproductive morbidity and mortality. Developmentally, it is a crucial period particularly with reference to reproductive health. The young women who are at the brink of womanhood constitute the most crucial segment of our population from the point of view of our future generation.

Although comprising of only one decade of a life span (10-19 years), it is a prelude to the ultimate life the individual is destined to live. Thus this period of life requires special attention from the family, community and society as a whole.⁽³⁾

AIMS AND OBJECTIVES

- An important goal of this study is to identify the most common gynaecological problems in adolescent girls attending

Gynaecology OPD.

- To educate the adolescent girls about general health, psychological and family life.
- To counsel girls with problems and the ones prone to problems

MATERIAL AND METHODS

Data for the study will be collected from patients attending the department of OBGY, MGM Hospital, Kalamboli, Navi Mumbai

Source Of Data:

It is a prospective study involving 100 adolescent girls of 10 – 19 years.

Patient details will be obtained with the help of detailed history and physical examination. The commonest Gynaecological problems will be identified and treated followed by counselling of the patients regarding proper care, hygiene and knowledge about adolescent well being will be imparted.

Relevant history and examination data to be collected as per the proforma.

Inclusion Criteria:

- Urban and rural adolescent girls in the age group 10 – 19 years
- Patients who can read and communicate in English, Hindi or Marathi
- Available at the time of Data Collection
- Willing to participate
- Nulliparous adolescent girls

Exclusion Criteria:

- Patients who cannot read and communicate in English, Hindi or Marathi
- Unavailable at the time of data collection
- Not willing for participation
- Adolescent girls with any systemic disease, any problems other than those related to Menstrual Disorders
- Pregnant Adolescent girls

Study Design: Prospective Study

Brief History Covering The Following Was Noted:

- Age at Menarche
- Regularity of Menstrual cycles: Regular/ Irregular
- Menstrual Problems: different Menstrual problems like amenorrhoea, oligomenorrhoea, hypomenorrhoea, menorrhagia were explained orally and asked them to fill up in the proforma if they had any.
- Discharge per vaginam: girls were enquired regarding excessive white discharge per vagina, whether it was foul smelling or itching.
- Presence of Dysmenorrhea: signs and symptoms associated with dysmenorrhea like vomiting, malaise, irritability, and fatigue were enquired.
- Breast related problems like their perception regarding breast size, premenstrual engorgement or discomfort, any mass felt in breast

Then the girls were subjected to clinical examination after recording their height, weight and assessing their sexual maturity rating. Body mass index was calculated for every girl and classified accordingly.⁽⁷²⁾

CLASSIFICATION	BMI
UNDERWEIGHT	<18.5
NORMAL RANGE	18.5 – 24.99
OVERWEIGHT	≥ 25
OBESITY	≥30

WEIGHT: Weight was recorded in kilograms with standard minimum clothing and without shoes. UNICEF beam, vertical weighing scale was used which have an accuracy of ± 100g.⁽⁷³⁾

HEIGHT: Height was measured in centimetres. The child was asked to stand without shoes on a flat floor against a wall with feet parallel to the heels, buttocks, shoulders and occiput touching the wall. The head was held erect with eyes aligned horizontally and ears vertically without any tilt. With the help of a wooden spatula the top most point of the vertex was identified on the wall. The height was recorded using a fiber glass measuring tape.⁽⁷³⁾

Next, General physical examination was done in which vitals were recorded i.e Pulse, Blood Pressure, Respiratory Rate, Pallor, Koilonychia and Lymphadenopathy were noted, followed by Systemic Examination of Cardiovascular, Respiratory, Central Nervous Systems and Per Abdomen Examination done. Signs of Vitamin Deficiencies looked for, and Breast and thyroid examination done in a separate room after taking the girl into confidence.

RESULTS & ANALYSIS

Table 1: Age(yrs) Wise Distribution Of Adolescent Girls

AGE	FREQUENCY	PERCENTAGE
10	6	6
11	8	8
12	5	5
13	18	18
14	35	35
15	23	23
16	4	4
17	1	1
TOTAL	100	100

The highest number of girls belonged to the age group of 14 years(35%) followed by 15 yrs(23%) and least number seen in 17 yrs(1%)

Table 2: Distribution Of Adolescent Girls Based On BMI

BMI	FREQUENCY	PERCENTAGE
NORMAL	66	66
OBESITY	2	2
OVERWEIGHT	4	4
UNDERWEIGHT	28	28
TOTAL	100	100

Out of 100 girls, majority of them (66%) had normal BMI followed by underweight (28%), overweight (4%) and obesity (2%) respectively.

Table 3: Menstrual Abnormalities In Adolescent Girls

	TOTAL	PERCENTAGE
OLIGOMENORRHEA	13	46

HYPOMENORRHEA	7	25
PUBERTY MENORRHAGIA	6	21
AMENORRHEA	1	4
POLYMENORRHEA	1	4
TOTAL	28	28

28% of Adolescent girls had Menstrual Complaints out of which Oligomenorrhoea was the most common(13%) followed by Hypomenorrhoea (7%) and Puberty Menorrhagia(6%).

Table 4: Dysmenorrhea In Adolescent Girls

	FREQUENCY	PERCENT
ABSENT	37	37
PRESENT	32	32

Out of 69 girls, who attained menarche, many gave history of Dysmenorrhea (32%) which was spasmodic in nature.

Table 5: Breast Related Problems In Adolescent Girls

	FREQUENCY	PERCENT
BIG BREASTS	3	0.6
ENGORGEMENT	18	3.6
FIBROADENOMA	4	0.8
SMALL BREASTS	18	3.6
TOTAL	43	43

18 Girls (3.6%) felt that they have small breasts and 3 girls (0.6%) felt that they have big breasts. Fibroadenoma was seen in 4(0.8%) cases and 18(3.6%) cases had breast engorgement as a part of premenstrual syndrome.

Table 6: Vitamin Deficiencies In Adolescent Girls

DEFICIENCY	FREQUENCY	PERCENTAGE
VIT A	18	18
VIT B	14	14
VIT C	6	6
VIT D	1	1
TOTAL	100	100

18 girls had Vit A deficiency(18%) followed by Vit B deficiency in 14% girls. Vit C deficiency seen in 6% girls, 1% had Vit D deficiency.

DISCUSSION

The period of adolescence comprises nearly half of the growing period. Besides the obvious changes in physical size and shape associated with adolescent growth and onset of puberty, there are social and psychological changes that are equally transformative in magnitude.⁷⁷

Age Distribution :

35% of the girls were in the age group of 14 and 15 years, least number of girls were in the age group of 17 years (1%). This study coincides with a study done on school going teenagers of rural Bengal.³

BMI :

In our study on 100 adolescent girls majority of them had normal BMI (66.8%) and prevalence of underweight was 28%, overweight 4%, and obesity 2%. In a study done at Mumbai prevalence of underweight was 8.8% and obesity was 2.3%.⁸ In a study done at New Delhi on nutritional disorders on adolescent girls the prevalence of underweight was 35.5% and obesity was 3.1% which is similar to our study.

Gynecological Problems:

In India very little attention is being given to the reproductive health of adolescent girls, who comprises 22% of the female population. In our study 28% of the girls had abnormal menstrual problems. Oligomenorrhoea(13%) being the most prevalent abnormal menstrual pattern, which was similar to a study done on school going teenagers of rural Bengal, where the prevalence of oligomenorrhoea was 11.5%.³

Dysmenorrhoea :

Dysmenorrhoea was the most common complaint in adolescent having menstrual problems. In our study the prevalence was around 45%. In various studies dysmenorrhoea ranged from 7% to 20%.

Breast Related Problems :

3.6% of girls in our study had a perception that they have small breasts and 0.6% had perception that they have big breasts. 0.8% had fibroadenoma of right breast.

In our study premenstrual breast engorgement was present in 18% cases, similar study done on adolescent girls in Baroda showed a prevalence of 0.8% of premenstrual breast symptoms.³³

Vitamin And Nutrient Deficiencies :

In our study 18% of the girls had Vitamin A deficiency followed by vit B complex deficiency in 14%, 6% had Vit C deficiency and 1% had Vit D deficiency. In a study done on adolescent girls in Mumbai the prevalence of Vit A deficiency was 6.2%.⁸The prevalence of vit D deficiency was 1% in our study as well as study done in affluent schoolgirls of Mumbai.

CONCLUSION :

We conclude that, Health is the quality of life that enables the individual to live the most and serve the best. Members of the healthcare team, have an important role to play in improving the general health, wellbeing and quality of life of adolescent by specific protective measures. Mass education can be given at community level to create awareness in these aspects. Administrators working in the hospital and community setting can plan for periodic check up for the school going adolescents to identify their health behavior and the situational factors of each of them. They can also conduct workshop, seminars and symposium for those adolescents, parents, teachers regarding development of healthy lifestyle practices. Providing better health care services and educating the society about the need for special attention to this age group can help us reduce the various problems faced by adolescent females in our country.

REFERENCES

1. Wheeler MD Physical changes of puberty. *J Clin Endocrinol Metab* 1991;20:1-15
2. Nair MKC, Pejawar KR (editors) *Adolescent care 2000 and beyond*, 1st ed Bangalore, Prism Books 2001. Ppl-7
3. Mukherjee GG, Chakraborty AK, Pradhan S, Bal R, Kur A. Knowledge of reproductive health among the school-going teenagers of rural Bengal *Ind J Obstet & Gynecol.* 2001;51(1):115-118
4. Qamra SR, Mehta S, Deodhar SD. Physical growth in school girls: Relationship to socioeconomic status and dietary intake - II *Indian Pediatr* 1990;27:1051-65
5. Bhav S, Bavdekar A, Oti M. IAP National Task force for childhood prevention of adult disease Childhood obesity *Indian Pediatr* 2004;41:559-573.
6. Bhalla M Age of menarche - A review. *Indian J Pediatr* 1975;42:166-175.
7. Kapoor G, Aneja S. Nutritional disorders in adolescent girls. *Indian Pediatr* 1992;29:969-973
8. Anand K, Kant S, Kapoor SK. Nutritional status of adolescent school children in Rural North India *Indian Pediatr* 1999;36:810-15.
9. Agarwal M, Ghildiyal R, Khopkar S. Health status of school girls from affluent population of Mumbai *Indian Pediatr* 1999;36:75-78
10. Rajarathnam J, Ashokan JS, Jonathan P. Prevalence of anemia among adolescent rural girls in Tamil nadu. *Indian Pediatr* 2000;37:532-39
11. Rawat CMS, Garg SK, Singh JV, Bhatnagar A, Chopra H, Bajpai SK. Social demographic correlates of anemia among adolescent girls in rural area of district Meerut (U.P) *Ind J Comm. Medicine* 2001;26:173-75.
12. Pathak P, Singh P, Kapil U, Raghuvanshi RS. Prevalence of iron, vitamin A, and iodine deficiencies among adolescent pregnant mothers. *Indian J Pediatr* 2003;70:299-301
13. Verma A, Rawal VS, Kedia G, Kumar D, Chauhan J. Factors influencing anemia among girls of school age (6-18 years) from the Shims of Ahmedabad City *In J comm. Medicine* 2004;29:25-26
14. Basu S, Basu Srikanta, Hazarika R, Parmar V. Prevalence of anemia among school going adolescents of Chandigarh. *Indian Pediatr* 2005;42:593-97
15. Balchander G, Raghavan SS, Rajaram P. Gynaecological problems in adolescents. *J Obstet Gynecol India* 1993;43:599-604
16. Goswami S, Dutta R, Sengupta S. A profile of adolescent girls with gynaecological problems. *J Obstet Gynecol India* 2005;55:353-355
17. Sood M. Pubertal menstrual abnormalities. In: Agarwal N, Suneja A (editors). *Pediatric and Adolescent Gynaecology*. 1 ed. New Delhi, Jaypee, 2003, pp 125-135
18. Nair MKC, Pejawar KR (editors). *Adolescent care 2000 and beyond*, 1st ed. Bangalore. Prim Books, 2001. pp 27-35