



KNOWLEDGE AND IMPACT OF GYNAECOLOGICAL PROBLEMS IN HIGH SCHOOL GOING GIRLS IN RURAL MAHARASHTRA, INDIA

Dr. Radha Chaudhary

Assistant Professor Dept. of OBGY Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences Sawangi (Meghe) Wardha

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Corresponding Author:

Dr. Radha Chaudhary

Assistant Professor Dept. of OBGY Jawaharlal Nehru Medical College, Datta Meghe Institute of Medical Sciences Sawangi (Meghe) Wardha

ABSTRACT

Background: In Indian society, menstruation is still seen as something impure or filthy. Teenage girls frequently have negative attitudes regarding this normal physiological process because of the various myths, misconceptions, and restrictions that are observed during menstruation. Most of the girls don't have a scientific understanding of menstruation and puberty.

Aims & objectives: The purpose of this study was to evaluate high school girls in rural Maharashtra, India, regarding their knowledge of menstruation, menstrual issues, hygiene, and significant gynaecological conditions.

Materials and Methods: 480 high school girls in the eighth through tenth grades were evaluated for their knowledge of and attitudes toward gynaecological issues as part of this cross-sectional community-based study. There was created a predesigned questionnaire.

Results: The majority (84%) of adolescent girls taking part in the study go to class while having their periods. 16% of females missed school while having their period, with abdominal pain (87%) and bleeding (08%) being the most common causes. The majority of the 226 (94%) females who took part in the survey have no restrictions to adhere to during menstruation. Teenage girls lack information about sex education and the prevention of Ca cervix.

Conclusion: In conclusion, rural high school girls are somewhat aware of menstruation and related adolescent issues. There is essentially no knowledge of cervix carcinoma prevention, its prevention, or sex education.

Keywords: High school girls, Gynaecological problems, awareness, knowledge

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INTRODUCTION

In the spectrum of gynaecological disorders affecting women of all ages, adolescent gynaecological issues occupy a unique place¹. This is due to the physical nature of the issues, which are particularly particular to the age group and unique, as well as the psychological issues that are related to them and play a significant role in an individual's development and psychological transformation during the transition from childhood to womanhood. In Indian society, menstruation is still seen as something filthy or unclean²⁻⁵. Teenage girls frequently have negative attitudes toward this normal physiological process because of the various myths, misconceptions, and restrictions that are practised during menstruation. Most of the girls don't have a scientific understanding of menstruation and puberty. Teenage girls frequently hold back on bringing up this subject with their parents and also hold back on asking for assistance with their menstrual issues⁶⁻⁸. If cleanliness is not maintained during menstruating, menstruation can also put women at risk for RTIs, which can be fatal. Adolescents have to deal with a variety of health issues and consequences as a result of inadequate information. Therefore, the purpose of this

study was to provide information on menstruation practises and problems that are related to them that adolescent girls face in relation to the sociocultural beliefs that are prevalent in that area. The results of the study can be used to plan programmes and create new regulations to raise the bar for information⁹⁻¹¹. To provide this group of patients with high-quality medical/surgical care, it is essential to have a full understanding of the typical changes occurring in this age-range and the prevalence of particular gynaecological issues. However, adolescent gynaecology is a subspecialty of gynaecology that hasn't been well researched.

Aims & objectives: This study aims to evaluate high school girls in rural Maharashtra, India's awareness of menstruation, menstrual problems, hygiene, and serious gynaecological conditions.

MATERIAL AND METHODS

In this cross sectional community based study, a total of 480 high school girls from 8th to 10th standard were assessed for knowledge and impact of gynaecological problems. A predesigned questionnaire was developed.

Inclusion criteria

- All high school girls from 8th to 10th std.
- The high school chosen for girls coming from different socioeconomic backgrounds.
- Schools having different curriculum and teaching methodologies.

Exclusion criteria

- Adolescent girls studying up to 7th std.
- Adolescent girls studying in junior colleges.

Methodology

Prior to administering the questionnaire, the candidate provided informed consent regarding the study and their participation. A questionnaire about the major factors influencing gynaecological morbidity was created in the Marathi spoken locally. The responses were examined in order to determine the girl's health status, potential causes of gynaecological problems, and mentality toward various gynaecological conditions. Girls with a history of morbidity were directed to the medical college's department of

obstetrics and gynaecology for a more thorough examination, an investigation, and treatment. The goal of the study was to identify high-risk cases of ovarian cancer, primary amenorrhea, puberty menorrhagia, dysmenorrhea, and urinary tract infections in adolescent girls.

RESULTS

According to the modified B.G. Prasad socioeconomic status scale, the majority of the adolescent girls participating in the study belong to the Lower Middle Class, which comprises 410 (85%), Middle Lower Class, 38 (8%) and Upper Middle Class, 32 (7%) socioeconomic groups. The average age at menarche for teenage Indian girls was 13.38(± 2) SD, according to FOGSI. The majority (66%) of adolescent girls taking part in the study reached menarche between 13 and 14 years, whereas 22% did so between 10 and 12 years. The average age at menarche for the study's participant adolescent girls was 12.38 (± 2) SD.

Table 1: Source of knowledge about Menstruation

Premenarche knowledge regarding menstruation and knowledge provider in adolescent girls participating in study	Source of knowledge	Number (%)
Yes 336 (68%)	Mother	184 (56%)
	Sister	10 (03%)
	Teacher	112 (34%)
	Friend	14 (04%)
	Doctor	06 (2%)
No 154 (32%)	Not applicable	

The majority of the 336 adolescent girls who took part in the survey already knew something about menstruation; their primary sources of information were their mothers (184, or 56%), teachers (112, or 34%), friends (14), and sisters (10, or 3%). Still, the majority of girls must rely on their mothers' non-scientific information. Out of 480 girls who took part in the study, 336 (68%) of adolescent girls menstruate regularly, 134 (28%) menstruate irregularly, 4 (0.8%) menstruate only once, and 16 (3.3%) have not yet begun to menstruate. A majority of 340 people (71%) have cycles that last between 21 and 35 days, while 110 people (23%) have cycles that last over 35 days and 10 people (02%) have cycles that last less than 21 days. 356 people (74%) had a period that lasted between four and six days, followed by 54 (11%) and 50 (10%) for longer than six days. Most ladies experience normal

blood flow during their periods. 440 (92%) of the adolescent girls taking part in the survey use commercial pads, and 40 (8%) use cotton cloths. Contrary to popular belief, girls who live in rural areas do use hygienic pads when they menstruate. Less than two pads are used by 294 (61%) of the adolescent girls taking part in the study, followed by 2-4 pads by 164 (34%) and more than five pads by 110 (02%) of the girls, respectively. The majority of participants experienced typical blood loss during menstruation. Abdominal pain was the most frequent menstrual symptom, occurring 234 times (49%), followed by nausea 12 times (0.4%) and heavy bleeding 4 times (0.8%). However, only 26 (22%) of the participating girls received treatment for abdominal pain. The most frequent symptom among the female participants during menstruation was dysmenorrhea.

Table 2: Symptoms associated with menstruation and its treatment

Symptoms associated with menstruation and its treatment in adolescent girls participating in study	Number (%)	Treatment received
Pain in abdomen	234 (49%)	52 (22%)
Heavy bleeding	4 (0.8%)	0
Nausea	12 (2.5%)	0
Headache	2 (0.4%)	0

The majority of adolescent girls taking part in the study (84%) go to school while having their periods. 16% of females missed school while having their period, with abdominal pain (87%) and bleeding (08%) being the most common causes. However, only 26% of girls with abdominal pain need therapy; the remaining girls did not receive any care because the pain was not particularly severe. The majority of the 226 (94%) girls taking part in the study do not report any vaginal

discharge. Only 28 (6%) of the adolescent girls taking part in the study had vaginal discharge or itching, and 4 (15%) of them received treatment. 404 (84%) of the study's participant girls do not exhibit any PCOS symptoms. Symptoms of PCOS in adolescent girls participating in study were present among 76 (16%) and acne 40 (8%) was the major symptom of PCOS in adolescent girls participating in study followed by weight gain 22 (5%) and hirsutism 14 (3%).

Table 3: Gynaecological problem

Gynaecological problem	No. of cases	
	Yes	No
Vaginal discharge	28 (6%)	452 (94%)
Symptoms of PCOS	76 (16%)	404 (84%)
Burning micturition	14 (3%)	466 (97%)
Urinary frequency	6 (1.2%)	474 (98.2%)
Fever with chills	4 (0.8%)	476 (99.2%)
Easy fatigability	44 (9%)	436 (91%)
Breathlessness	6 (1%)	474 (98.2%)

Although burning micturition 14 (3%) was more frequent than other urinary complaints in the study's adolescent menstruation girls, increased frequency of urination 6 (1.2%) and fever with chills 4 (0.8%) followed. Adolescent girls taking part in the study did not frequently exhibit anaemic symptoms. The study's adolescent participant girls who had anaemia most frequently experienced easy fatigability 44 (9%) and then breathlessness 6 (1%). The majority of the 452 (94%) study participants' girls have no menstrual cycle restrictions. The sociocultural status and mentality of society have significantly improved. 28 (6%) of the adolescent females who participated in the study had limitations on various daily activities when menstruating, the majority of whom were prohibited from entering kitchens (20 [71%]) and places of worship (8 [29%]). Teenage girls taking part in the study lack understanding about sex education and CA cervix prevention. Only 4 of the study's participant adolescent girls (0.8%) had received sex education, and only 2 (0.04%) knew how to prevent CA cervix. Therefore, the current sex education system and efforts to prevent Ca cervix haven't been very successful.

Discussion

The study was conducted as a cross-sectional survey among high school-age girls in rural Maharashtra. After much thought, a questionnaire was created, and only the participants at their school were asked to respond. The shy girls opened up and provided honest responses because the questioners were ladies. Girls underwent physical examinations after completing the questionnaire¹². Overall, the nutritional state was subpar. The females who provided inconsistent replies were examined, their detailed medical histories were recorded, appropriate examinations were conducted, and if necessary, they were called to undergo necessary testing in a tertiary care hospital. The girls were questioned about their knowledge of menstruation prior to reaching menarche and, in positive situations, the knowledge giver¹³. Teachers are expected to impart scientific understanding of menstrual physiology together with classroom instruction. According to our statistics, mothers taught nearly 56% of girls directly about menstruation, followed by instructors (34%). When the girls' menstrual cycles were asked about, the majority of adolescent girls—68% of those who took part in the study—had regular cycles, while 28% had irregular ones. Jena P. et al study, which is analogous to the

current study, found that 30% of girls had irregular periods whereas 70% of girls menstruated regularly. A full menstrual history was requested of each participant female in the study. 74% of female students had periods that lasted 3-6 days, whereas 11% had longer than 6-day cycles. In contrast, in a study by Jena P et al., 93.8% of girls had blood flow that lasted 3-6 days. The majority of girls have normal blood flow duration, according to this. When compared to 23% of boys, 71% of girls have cycles that last between 21 and 35 days. According to Jena P. et al study, which is comparable to the current study, 81.5% of females have menstrual cycles that last between 21 and 35 days. The majority of girls have cycles that are normal in length¹⁴. In the current study, irregular menses were identified as the most common menstrual abnormality in adolescent girls (28%); similarly, irregular menses were identified as the most common menstrual abnormality in the study by Kumari A (54.2%), which is comparable to the current study. Oligomenorrhoea, which affects 23% of adolescent girls in the current study, is the second most frequent menstrual irregularity identified. This finding is equivalent to that of Kumari A's study (21%), Samarth S's study (12.82%), but not to Goswami P's study (2.22%). Adolescent females frequently experience irregular periods since the first few menstrual cycles after menarche are anovulatory. However, due to lack of information of the need for treatment and restricted communication between family members and the girl, relatively few of them report to health services. The girls were asked which kind of vulval pads they preferred to use when they were menstruating. According to information from our study, just 8% of girls use cotton cloths for menstruation, whereas 92% of girls utilize hygienic commercial pads. In terms of maintaining their cleanliness, girls' behaviour has drastically changed. Contrary to popular assumption, girls in rural areas do use hygiene pads when they menstruate. Premenstrual syndrome symptoms were questioned about by the study's female participants. The most frequent menstrual symptom is abdominal pain (49%) which is comparable to studies by Waghchavare V et al (42.5%) and Agrawal A (33.95%), but not to studies by Kumari A (13.3%). However, 22% of the participating girls received treatment for only abdominal pain. The cause could be ignorance of menstruation and its symptoms, lack of understanding of the need for and accessibility of treatment, shyness among girls, or low socioeconomic status. When school absences during menstruation were investigated, it was discovered that the majority (84%) of adolescent girls taking part in the study continued to attend class. Only 26% of girls sought treatment for abdominal pain, and others chose not to seek any treatment because the pain was not that severe. Menstruating girls missed school at a rate

of 16%, and the most common reason for absence is abdominal pain (87%). Our study shows that the vast majority (94%) of the girls who participated in the study do not have any restrictions to follow during menses, but 6% of the girls have to adhere to some traditional restrictions during menses, such as some (2%) who are not allowed to enter places of worship and some (4%) who are not allowed to enter the kitchen¹⁵. This represents a significant shift in the sociocultural position of the society and in how it behaves. 6% of the adolescent girls taking part in the current study had vaginal discharge issues. The present study is comparable to the studies by Abdelmoty HI et al (5.7%) and Ahmed SM (12.2%). The improvement in sanitary practices by study participants who were adolescent girls may have contributed to the decline in the vaginal discharge issue. UTI prevalence among research participants who were adolescent girls (i.e., 5%). While the prevalence of UTI in Ahmed SM's study (12.7%) is comparable to that of the current study. The incidence of UTI in the studies conducted by Aiyegoro OA (55%) and Kripa CK (16.66%) is not comparable to that of the current study. Adolescent girls who took part in the study maintained good hygiene, which contributed to this change. Only 0.4% of adolescent girls in the current study are aware of how to avoid cervix cancer, which is a very low percentage when compared to other studies like the study by Ahlavat P. According to a study by Siddhartha J 44.5% of girls are aware of how to prevent cervical cancer. That is, there is a paucity of knowledge regarding cervical cancer prevention in the country's rural areas. Information about the cervix cancer risk factors that can be avoided is required. In the current study, the vast majority (99.6%) of adolescent girls did not receive sex education. When compared to a study by Kumar R, which had a large urban population, 89.7% of the subjects had received sex education. This suggests that the Government of India's initiative to promote sex education in rural India has not been properly carried out. Adolescent girls in rural areas are disproportionately ignorant of sexual education, safe sex practices, and contraception.

Conclusion

There is not much impact of menstrual abnormality for school going, as only 16% of the girls remained absent from schools because of dysmenorrhoea / menorrhagia and majority (84%) attended school. There is a certain awareness regarding menstruation and related adolescent problems in rural high school girls but the knowledge provided is mostly by mothers. Hence, non-scientific. Awareness regarding prevention of carcinoma cervix and its prevention as well as sex education among high school going rural adolescent girls is almost non-existent (0.8% and 0.4%).

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