

Original Research Article

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**KNOWLEDGE AND BARRIERS TOWARDS PREVALENCE OF  
GYNECOLOGICAL PROBLEMS AMONG FEMALES OF KARACHI:  
A CROSS SECTIONAL STUDY**

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**ABSTRACT:** There is very little information on abstraction of reproductive health problems in the community and their perceived needs, knowledge and orientation. Gynecologic problems are the most undeviating physical health difference in women. The purpose of this study is to evaluate awareness and prevalence of gynecological problems among women in Karachi Pakistan. The cross sectional study was conducted from 1st March 2016 to 25th April 2016 among females of universities from private sectors. A self-administer questionnaire was design. A self-administrating questionnaire, a self-reported form and an informed consent form received by each participant. The highest risk factor of gynecological problems according to ladies is menstruation irregularities, dysmenorrhea, and hormonal imbalance (i.e. 42.3%) and the second most cause is use of contraceptives (i.e. 32.8%) then polycystic ovaries (i.e. 23.07%). 93.8% of women were agreed to the point that gynecological problems lead to infertility and psychological stress. We concluded that many of the women are aware of gynecological problems. But only half of the women consult a doctor or gynecologist for their problems while others not consult any doctor due to shyness and feeling uncomfortable in sharing problems which may cause many serious problems.

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**Keywords:** gynecologist, awareness, infertility, gynecological problems, women

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## 1.INTRODUCTION

For the forthcoming century, labeling reproductive health subject of women is now on the global social directory. For women Predominant health care for had been limited to family planning and to some prenatal care. Maternal mortality has long been the only indicator of women's health even though reproductive morbidity occurs far more frequently and seriously affects women's lives [1, 2]. Systemic and practical disruption of the genital tract which is not instantly associated to pregnancy, delivery and puerperium has been determined as Gynecological morbidity. Menstrual disorders, reproductive tract infections, and cervical cell reshape are the predominant. Reported by several studies, among women the Gynecological morbidity with one Gynecological morbidity up to 45% and more common include menstrual disorders. However women with two gynecological morbidity which includes menstrual disorders and uterine prolapsed has much lower proportion [3, 4]. There is very little information on abstraction of reproductive health problems in the community and their perceived needs, knowledge and orientation [5, 6]. Domestic violence may also be associated with gynecologic morbidity [7]. Gynecologic problems are the most undeviating physical health difference between women who have experienced domestic violence and those who have not, pelvic pain [7] and pelvic inflammatory disease [8] with the odds of experiencing a symptom of gynecologic morbidity generally three times as high among women who have experienced violence [9]. Women who experience sexual abuse or violence early on may subsequently be more likely than other women to establish sexual part-terns that place them at increased risk of psychological stress or transmission of STIs [7, 9]. Women who reported domestic violence or coerced sex also reported more sexual partners in their lifetime, were less likely to report condom use and initiated sexual activity at a younger age, hence increasing their risk of experiencing gynecologic morbidity [9, 10]. For women, with domestic violence include physical injury, chronic pain and gastrointestinal symptoms [11]. The physical trauma caused by physical and sexual violence. Sexual violence may cause vaginal, anal or urethral trauma, leading to an elevated risk of infection may result in gynecologic morbidity [11]. Reproductive health care that incorporates domestic violence support services is needed to meet the special needs of abused women [7]. Some gynecologic symptoms may be an expression of depression, given both the discordance between actual disease and gynecologic symptoms, and the high levels of depression among women with gynecologic symptoms [12]. Women tend to be disproportionately affected by disability and depression, both of which are major threats to a good quality of life and the ability to sustain family life. We know that most people with psychiatric disturbances do not consult a mental health specialist [13, 14]. Obesity is one of the leading causes of morbidity and mortality worldwide. Obese women are at increased risk of developing Type 2 Diabetes, cardiovascular diseases, hyperlipidemia, rectal carcinoma and gynecological problems including sub fertility, menstrual dysfunction and polycystic ovarian disease [15]. The purpose of this study is to evaluate awareness and prevalence of gynecological problems among ladies in Karachi Pakistan.

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## 2. MATERIALS AND METHODS

This cross sectional study was conducted from 1st March 2016 to 25th April 2016 in Karachi, Pakistan among females from different universities (n=100). The targeted population was women and data has collected from different private sector Universities. A simple random sampling was performed by using random number table which include females to analyze participants social demographic characteristics, awareness and Prevalence of Gynecological Problems among ladies. A self-administer questionnaire was design. The 1st part of questionnaire comprised of socio-demographic, 2nd part comprised of questions related to gynecological problems, 3rd part comprised of questions regarding awareness of gynecological problems and last part was the question regarding awareness of risk factor of gynecological problems. Study was approved by Dean Faculty of pharmacy of Jinnah University for women. To obtain permission in order to carried out services to through the contact of research team to the management staff of different universities and the nature and protocol of the study was also presented by research team. Along with questionnaire a self-reported form and an informed consent form received by each participant. Researchers helped to understand and take part in the questionnaire as when respondent needed instruction. Data was analyzed carefully by means of frequency and percentage.

## 3. RESULTS & STATISTICAL ANALYSIS:

A significant number of ladies have responded to the survey, sample size (n=100). Out of 100 sample size 92.8% of women were aware of gynecological problems, and 41.8% of women have faced them. Ladies responded to survey belong to different age group as shown in table 1.

Age Group of Ladies	Frequency (%)
18-25	57.9
26-35	30.5
35-40	8.4
40+	3.2

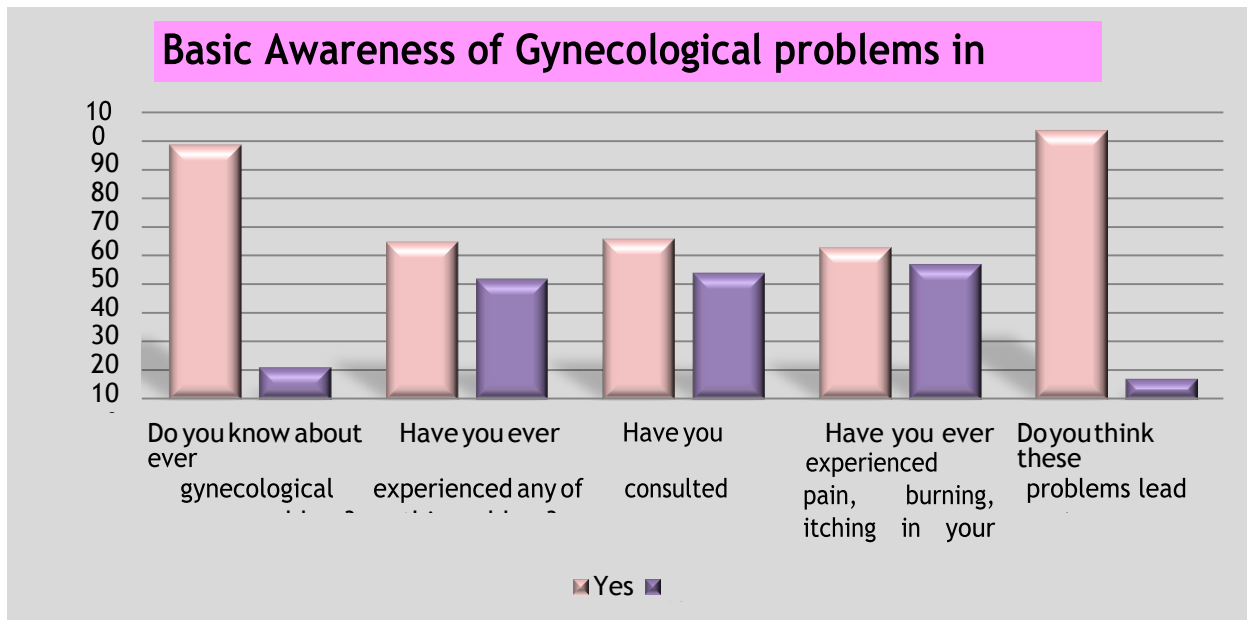
Table 1: Showing Sample size distribution according to age group

More than half of the ladies responded to survey were between the age of 18-25, and they were suffering from leucorrhoea, polycystic ovary disease, irregular menstruations, dysmenorrhoea, unusual discharge the frequency of each is mentioned in the table 2

Table 2: Showing frequent Gynecological Problems from which women are suffering.

Gynecological problems	Frequency (%)
Polycystic Ovary Syndrome	46.6
Leucorrhoea	22.3
Dysmenorrhoea	16.4
Vaginitis	2.1
Irregular Menstruation	5.9
Unusual Discharge and Itching	3.1
Uterus Infection	1.5
Pelvic Inflammatory Disease	1.1
Others	1

More than half of the ladies 56.1% have consulted the doctor or gynecologist for their problem while remaining have shown no serious attitude towards their problem, 93.8% of women were agreed to the point that gynecological problems lead to infertility as shown in Figure 1



The highest risk factor of gynecological problems according to ladies is menstruation irregularities, dysmenorrhoea, and hormonal imbalance (i.e. 42.3%) and the second most cause is use of contraceptives (i.e. 32.8%) then polycystic ovaries (i.e. 23.07%) and also including infections (Urinary tract infections, vaginitis, fungal infections etc.) and sexually transmitted diseases, depression and stress, genetic inheritance, and cervical cancer. Many women usually don't consult any doctor or gynecologist and prefer home remedies, or take help from the internet as shown in table 3. The reason can be shyness and

feeling uncomfortable in discussing personal issues. But due to this non-serious behavior they may suffer serious problems and issues of infertility, weakness etc. and this can be the reason of increasing no of diseases in women and infertility which is very common nowadays.

Table 3: Showing risk factors of gynecological problems and barriers of consulting gynecologist

Risk Factors of Gynecological problems:	Percentage (%)
Infections and STDs	19.23
Depression and stress	15.38
Polycystic ovaries	23.07
Cervical cancer	3.80
Menstruation irregularity, dysmenorrhea	42.3
hormonal problems Genetic	8.90
Use of contraceptives	39.4
Use of contraceptives	32.8
Barriers of consulting gynecologist: Shyness	Percentage (%)
Feeling uncomfortable in discussing personal issues	21.4
Preferring home remedies	38.8
Taking help from internet	31.6
	8.2

## DISCUSSION:

The result of our study is cognate with Awareness, prevalence and practice of common gynecological problems among all ages of women .The information about awareness of gynecological problems among all ages of women in this study was obtained by using a pre designed, pre tested and semi structured questionnaire, supported and supervised by faculty of pharmacy Jinnah university for women. The study is basically escort to audit awareness in the women as we know that gynecological obstacles are main controversy in women of all the ages inexorably give rise to infertility. It is imperative that every woman has access to knowledge related to the spectrum of women's health issues, not only about her reproductive system, but about all aspects of her body. The common gynecological problems that are the main determinant of our article are as follows polycystic ovaries, cervical cancer, menstruation irregularity, dysmenorrhea, vaginitis, leucorrhea, pelvic inflammatory disease, uterus infection, use of contraceptives and hormonal problems are frequent gynecological problems. These problems are the barrier to family planning. In general most of these disorders don't directly affect a woman's changes of getting pregnant naturally. Pregnancy in teenagers is a problem threatening the ultimate reproductive and child health. The girls often do not have safe sex and vulnerable to sexually transmitted diseases. Moreover after getting pregnant to avoid social

problems they go to quacks and undergo criminal abortion in unauthorized locations and land up with serious complications and chronic pelvic inflammatory disease which affect their reproductive health in future. Why only women are affected more often than males? Hormones are a very imperative part of gynecological problems, as sex hormones appear to play a role in immune response and thus cause these above symptoms. Specifically higher levels of estrogen in women drive certain disease. In short hormonal imbalance is one of the main causes of gynecological disease. According to result of our study about 92.8 % of women are aware of gynecological problems chiefly of age group between 18-2 and about 42.8% of women faced these problems. About half of the women that is 56.1% have consulted the gynecologist and the others were not engrossed. Majority of women admit the point that we have mention above that these gynecological problems may pilot infertility and a barrier in a family planning. Our study spectacle that menstruation irregularities, dysmenorrhea (painful menstruation) and hormonal imbalance is a high risk aspect of gynecological problems according to 42.3% women. Contraceptives are also one of the second main aspects according to our survey as 32.8% women respond to this aspect. Birth control pill is a way for women to prevent pregnancy which may cause many side effects such as bloating, hair more or less, weight fluctuation, acne, breast change etc. some of the women, 23.5% respond to the polycystic ovaries, urinary tract infection, cervical cancer and other genetic and stress factors. Many of the women don't even bother to consult any doctor or gynecologist they prefer home remedies which is threatening. Our survey spectacles that the barrier of consulting any doctor or gynecologist can be shyness and feeling uncomfortable in discussing their issues with doctors which is not positive for the women which may pilot to any kind of serious problems such as infertility which is very common in the women due to their non-serious behavior. Now further we would like to deliberate some of the treatments of gynecological problems. First self-management is necessary for example it is beneficial that a woman should maintain her optimum weight. If a woman's waist size measures more than 35 inches it will pilot to many diseases. Should eat sensible meals and make a habit of making physical exercise. Women should not smoke as it is detrimental to anyone's health and should not drink alcohol moreover avoid contraceptive pills. Some of the more common operations that gynecologists perform include, Dilation and curettage (removal of the uterine contents for various reasons, including completing a partial miscarriage and diagnostic sampling for dysfunctional uterine bleeding refractive to medical therapy), Hysterectomy (removal of the uterus), Oophorectomy (removal of the ovaries), Tubal ligation (a type of permanent sterilization), Hysteroscopy (inspection of the uterine cavity), Diagnostic laparoscopy – used to diagnose and treat sources of pelvic and abdominal pain; perhaps most famously used to provide a definitive diagnosis of endometriosis. Various surgical treatments for urinary incontinence,

including cystoscopy and sub-urethral slings, surgical treatment of pelvic organ prolapse, including correction of cystocele and rectocele are preferred. Appendectomy, often performed to remove site of painful endometriosis implantation and/or prophylactically (against future acute appendicitis) at the time of hysterectomy or Caesarean section may also be performed as part of a staging operation for ovarian cancer.

#### **4. CONCLUSION**

The study revealed the awareness, prevalence and practice of gynecological problems among all ages of women. We concluded that many of the women are aware of gynecological problems. But only half of the women consult a doctor or gynecologist for their problems while others not consult any doctor due to shyness and feeling uncomfortable in sharing problems which may cause many serious problems. Women respond to the survey are of different age group. Majority of women admit the point that gynecological problem leads to infertility. In order to promote a healthy life, free of gynecological problems; there is an urgent need to increase the knowledge about various gynecological problems among all women mainly in the reproductive age group and a woman should not hesitate to discuss their problems with a doctor. The women self-help groups and basic health workers are to be empowered to create awareness about facilities available for seeking treatment of gynecological problems.

#### **CONFLICT OF INTERESTS**

The author declares no conflict of interests.

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