Morbidity Pattern of Women Attending Screening Program in an Urban Slum in Mumbai

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Introduction

Women in India face constraints not only in obtaining health services, but also in expressing reproductive health needs. Many programs in India are focused on reproductive and child health, which deals with women in 15-45 years age group. Programs that focus on general health needs and reproductive health needs of women above 35 years of age are inadequate. Lack of awareness, cultural barriers and economic factors prevent them from seeking timely care.

Finally, given most women's limited mobility and their lack of autonomy in decision-making it is unlikely that they will take the initiative in obtaining care for themselves. Women from lower socio economic strata of the society generally neglect their health needs, therefore to gain insight into women's health problems a screening program was organized for women or urban slum, Dharavi, Mumbai.

Objectives

To study the sociodemographic characteristics of women attending the screening program. To determine the general and gynaecological morbidity amongst these women.

Material and Methods

A cross sectional study was conducted in an urban slum, Dharavi, Mumbai. Asia's largest slum area. The health needs of the population are catered by Urban Health Center, LTMMC & General Hospital & health posts of Mumbai Municipal Corporation and Integrated Child Development Services. The screening program for women was organized by department of Preventive and Social Medicine in collaboration with Departments of Gynaecology and Obstetrics, Medicine & Pathology. The women from the community were motivated by health workers and anganwadi workers. Women detected with morbid conditions were referred & treated by physicians & gynaecologists of urban health center & LTM General hospital. Health card was given to these patients & followed regularly at the center. Hemoglobin estimation was done by Sahli's Hematometer, Blood sugar was estimated by using Glucometer. Ultrasonography pelvis & Pap smear was done using appropriate technique for 164 women. 10 women refused to undergo gynecological examination.

Total 174 women registered for the program. Amongst them 104 (59.77%) women were in the age group of 35-45 years & 19 (10.92%) women were in the age group above 60 years.

Majority of women were Hindus (66.7%), followed by Muslims (29.6%). Only 38.5% were educated up to primary + secondary school level, 51.72% were illiterate. Marathi and Hindi (31 and 21.3%) speaking women were predominant followed by

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Tamil and Gujarati speaking women. Marital status showed that 77% of women were married and 20% of them were widows.

Regarding obstetric and menstrual histories obtained from women, mean age at menarche was found to be 13.19 years. Mean age at menopause was 42.56 years. Mean age at first pregnancy was 18.56 years and mean number of children was 3.54.

Contraceptive use amongst 35-45 year age group showed very few women i.e. 4 (3.4%) women used OCpills, 1 (0.8%) used IUCD & 59 (50.9%) women had undergone tubal ligation.

Headache was the commonest (26.4%) complaint given by women followed by dysmenorrhoea (23.6%), Low Backache (23.6%), cough (17.8%), Lower abdominal pain (17.8%) and fever (10.3%). 13.8% women had vaginal discharge. 1 patient had ulcer in the genital region. Women also reported multiple symptom.

77.7% women were found to be anaemic, 5.2% women showed severe anaemia, 25.86% showed moderate anaemia and 46% showed mild anaemia. Mean haemoglobin value was 11.03 and SD +/-1.53. Table I shows 4.6 women had blood sugar values above 200 mg/dl. Mean random Blood Sugar Value was 109.29, SD +/-38.87.

4.6% women showed systolic blood pressure above 160 mm Hg, The mean systolic BP was 123.55, SD +/- 18.25. 10.3% women showed diastolic BP above 95 mm Hg, The mean diastolic BP was 79.75, SD +/-11.23 (Table-I)

32.18% women had body mass index above 25, 5.7% of women were underweight.

Table No. I : Gynaecological Morbidity identified on per speculum examination and PAP Smear Examination (n=164)

Per Speculum Findings	number	Percentages
1. Cervical erosion	34	20.73
2. Cervical Congestion	11	6.71
3. Cervical Growth	2	1.22
4. Polyp	7	4.27
5. Vaginitis	23	14.02
PAP Smear Findings		
1. Inflammed	98	59.76
2. Cervical dysplasia	4	2.44
3. Trichomonas Vaginalis	9	5.49
4. Candidiasis	5	3.05
5. Normal	42	25.61

Multiple findings are included in the table.

Pap smear reports of 164 women showed 42 smears as normal. 98 (59.76%) women had inflammation in the cervix. 4 (2.44%) women were diagnosed as cervical dysplasia cases.

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9 (5.49%) patients had Trichomoniasis and 5 (3.05%) had candidasis. (Table I).

Gynaecological morbidity identified on Ultrasonography in women attending the sreening program. 7 (4.27%) women were detected with uterine fibroids. 8 women had right sided ovarian cyst and 4 (2.44%) women showed left sided ovarian cyst. 2 (1.22%) women were found to have polycystic ovarian disease. 5 (3.05%) patients showed bilateral ovarian cyst.

Discussion

The screening program was organized for women above 35 years of age, 208 women were registered for the screening program, 34 women declined to undergo gynaecological examination. Probably that was not their felt need or they could have imagined this procedure as painful. Most of the gynaecological symptoms are not perceived by women as a health problem. A thorough counseling before examination was essential for this women. 60% women were in the age group of 35-44 years, whereas 10.6% women were in the age group above 60 years.

A significant number 32.18% of women among the study population reported to be using tobacco daily in the form of mishri, paan, gutkha or sniffing. This finding when compared with National statistics also showed tobacco users to be in the range of 20-40%[1].

Regarding menstrual & obstetric history obtained from women, mean age at menarche was found to be 13.19 years, mean age at menopause was 42.56 years, mean age at 1st child was 18.56 years & mean number of children was 3.54. These findings were similar to National statistics[1].

Clinical symptoms like headache, cough, fever, backache & lower abdominal pain were common among study subjects, 13.8% women had vaginal discharge, 0.6% had genital ulcers. They reported the symptoms only when they were asked for the symptoms, Women assume vaginal discharge as normal & do not seek treatment for the same. In India, a National survey was carried out by the National Council for applied Economic Research (NCAER) in 1993,[2] This survey showed leading causes of morbidity amongst urban women as non-specific fever, indigestion, constipation, respiratory infection, headache, backache, diarrhoeal diseases & weakness.

Studies conducted in Mumbai slum showed three-quarters (73% of all women had one or more of the gynaecological conditions. Almost 1/3rd, 30% reported white discharge, 39% had backache & 21% abdominal pain, 39% showed cervicitis.

These findings were similar to the present study.

164 women had undergone gynecological examination, 10 women dropped out of gynecological examination due to fear of per speculum examination. 20.73% women had cervical erosion, 6.71% women had cervical congestion & 14.02% had vaginitis. Pap smear examination of 164 women showed 2.44% women with cervical dysplasia, 59.76% women with inflammation of cervix. 5.49% & 3.05% women had trichomonas vaginitis & candidiasis respectively. High risk factors like early age at marriage, multigravida status, early age at first pregnancy could be the contributory factors for these conditions in this socioeconomic class of women. Trichomonas vaginitis & candidiasis was a common finding this could be due to poor personal hygiene of women & repeated untreated infections. These infections if not treated could result into severe reproductive tract infections. Similar findings were reported by other authors. Studies conducted in Mumbai & rural Maharashtra & in different parts of India showed prevalence of vaginitis in the range of 10-60%, prevalence of cervicitis as 10-40% & prevalence of cervical erosion as 2-50%[4,7].

77.7% of women showed anemia out of which 25.86% women showed moderate anemia and 5.2% had severe anemia. Most of these cases were probably due to nutritional deficiency of iron[11].

References

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