

Survey on Prevalence and Awareness of Gynecological Disorders among Rural Women of Gautam Buddha Nagar, Uttar Pradesh

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ABSTRACT Polycystic ovarian disease and cancers of the ovaries and uterus are common gynecological diseases, increasingly affecting even rural communities. These conditions pose significant challenges in rural India due to a lack of awareness, high screening costs, and ignorance of symptoms. This cross-sectional, community-based study assessed the prevalence of gynecological disorders and awareness among women aged 18–55 years in Lal Kuan, Badalpur, and Achheja, Gautam Buddha Nagar, Uttar Pradesh, India. The study revealed a gynecological disturbance prevalence of 31.7%. Menstrual irregularities affected 28.6% of participants, and 12% reported polycystic ovary syndrome. Alarming, 73% of women did not seek medical care for such issues due to hesitation and various sociocultural barriers. This highlights the urgent need for awareness programs and affordable healthcare interventions in rural communities.

KEY WORDS Gynecological disorders, Polycystic ovarian disease, Irregular periods, Menstrual cycle irregularities, Rural health awareness

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INTRODUCTION

Gynecological health is a cornerstone of overall well-being for women, yet it often remains neglected, especially in rural areas of India. The prevalence of gynecological disorders such as polycystic ovarian disease (PCOD), menstrual irregularities, and cancers of the reproductive system has been rising due to changing lifestyles, environmental factors, and limited healthcare access. Despite their significant impact on physical, emotional, and social health, these issues are frequently overlooked, particularly in rural regions where awareness and resources are limited.

Rural women face unique challenges in addressing gynecological health concerns. Societal taboos, lack of education, and limited access to healthcare infrastructure often discourage them from seeking timely medical attention. These challenges are further complicated by economic barriers and a scarcity of affordable screening and treatment facilities. Consequently, many women suffer in

silence, unaware of the potential severity of their conditions or the availability of medical interventions.

The present study focuses on the prevalence and awareness of gynecological disorders among women in rural areas of Gautam Buddha Nagar, Uttar Pradesh. By shedding light on the health challenges faced by women in this region, this research aims to bridge knowledge gaps and inform strategies for improving gynecological healthcare services in rural communities.

Literature Review

Gynaecological disorders, including PCOD and cancers of the ovary and cervix. The uterus and breast are the most common gynecological cancers affecting women all over the world as well as in India (Maheswari *et al.*, 2016). Studies show that benign tumors occurred between 20 and 40 years of age, while the malignant lesions presented commonly between 41 and 50 years of age (Antonio *et al.*, 2020). The polycystic ovary syndrome (PCOS) is a hyperandrogenic disorder associated with chronic oligo-an ovulation and

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From the above-surveyed data, it can be concluded that a large number of females who are suffering from gynecological disorders ignore the symptoms and hardly contact healthcare practitioners or gynecologists for treatment. It is also found in the survey that rural females go for home-based treatment for these issues. This home-based treatment may aggravate the problem and ignorance may lead to serious consequences.

In countries where screening is well-developed, such as England, the number of women suffering and dying from cervix cancer has been reduced by 80%. Breast cancer is the most common cancer among women (about 32% of all cancers) and the most common cause of death in the age of 45–55 years. In the world, about 1 million new cases are registered each year. In developed countries, mortality was significantly reduced to about 25%, thanks to early detection and modern therapy. Numerous studies have shown that the rate of incidence and mortality are significantly reduced where there is organized screening. Gynecological problems: 30% of respondents reported issues, while 70% did not. Irregular menstruation: A majority (60%) experienced this issue, with 40% unaffected. PCOD/PCOS: 70% reported this condition, while 30% did not. Weight gain: Only 20% reported this issue, compared to 80% who did not. Facial hair and baldness: Both had a low “Yes” response (20% and 10%, respectively), indicating these were less common. Difficulty accessing treatment: 60% faced challenges, while 40% did not. Barriers to treatment: 80% reported barriers, showing a significant concern.

CONCLUSION

There is an important need to raise awareness about various gynecological problems and its threat. It is very important to deal with it on the primary care level and in addition to promoting the primary and secondary prevention of diseases, which is sometimes more important than the curative procedures. The primary prevention involves regular gynecological examinations and screening. It is also necessary to educate women about the risk factors for malignant diseases, as well as proposing some of the qualitative preventive measures. This research reveals a pressing public health challenge that demands immediate attention. Addressing the barriers to awareness and healthcare access is vital for improving the quality of life for rural women and preventing the escalation of treatable gynecological disorders into life-threatening conditions. An integrated approach combining education, accessible healthcare, and supportive community structures is the way forward to bridge the gap and ensure equitable health outcomes for rural women.

RECOMMENDATIONS

1. Awareness campaigns: Educate rural women on gynecological health issues, emphasizing the importance of early detection and regular consultations with healthcare providers.
2. Community health programs: Develop community-based healthcare initiatives to provide affordable screening and treatment services.
3. Government and non-governmental organization involvement: Collaborate with governmental and

non-governmental organizations to establish mobile health clinics, provide subsidized treatment, and train local healthcare workers.

4. Policy reforms: Advocate for healthcare policies prioritizing women's health in rural areas, with a focus on reducing financial barriers and improving healthcare accessibility.

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