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## Pattern of Gynaecological Disorders among Adolescent Girls Attending a Family Practice out Patient Clinic, South - West, Nigeria

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### Abstract

*Adolescence is the period of life between 10-19 years. They constitute about 19% of the total world population, yet remain a largely neglected, difficult-to-measure, and hard-to-reach population with their needs often being ignored. Gynaecological problems in adolescents may significantly contribute to their overall maturation and psychological remodeling as they transit from childhood to womanhood. The objective of this study was to study the types and prevalence of gynaecological disorders among adolescent girls attending the General Outpatient Gynaecological Clinic, Sacred Heart Hospital (SHH), Lantoro, Abeokuta. Between January 2006 and December 2010, adolescent girls who had attained menarche were consecutively recruited into the study. Data was collected by personal interviews using a pre-tested, semi-structured questionnaire. Focused laboratory and physical examination results were recorded for each subject. Out of a total of 32,671 gynaecological consultations, 401 (1.2%) were adolescents aged 10-19 years. Majority of them, 215 (53.6%) were between 16 and 19 years of age. Two hundred and eighteen (54.4%) presented with menstrual disorders while the rest, 183 (45.6%) had non-menstrual conditions. Menstrual disorders included dysmenorrhea (46.8%), amenorrhoea (12.4%), dysfunctional uterine bleeding (DUB) 19.7%, oligomenorrhoea (4.1%), hypomenorrhoea (3.2%), irregular cycles (9.6%), menorrhagia (2.7%) and metrorrhagia (1.4%). Out of those with menstrual disorders, 114 (28.4%) had body mass index (BMI) greater than 25kg/m<sup>2</sup>, while the rest had a BMI of less than 25kg/m<sup>2</sup>. Logistic regression demonstrated that BMI greater than 25kg/m<sup>2</sup> significantly increased the risk of having dysmenorrhoea, DUB and amenorrhoea; Odds Ratio (OR) - 2.57(95% CI, 1.069-6.238), 8.75(95% CI, 1.420-69.095) and 16.00(95% CI, 1.350-431.992) respectively. Gynaecological problems including menstrual disorders are common among adolescents presenting in the outpatient clinic of a typical family practice hospital. Some forms of menstrual disorders are commoner among those who are overweight. We suggest that, as an integral part of adolescent reproductive health care services, adolescents who are overweight should be counseled for diet regime and exercise plan that could promote weight loss.*

**Keywords:** Adolescents, Girls, Gynaecological Presentation, Menstrual Disorders.

### Introduction

The World Health Organization (WHO) defines adolescence as the period of life between 10 and 19 years of age. This period is subdivided into early adolescence (10-13 years), middle adolescence (13-16yr) and late adolescence (16-19yr). The adolescents constitute about 19% of the total world population, yet remain a largely neglected, difficult-to-measure, and hard-to-reach population with their needs often being ignored.<sup>1</sup> It has been shown that persons in this group experience not only physical growth and change but also emotional, psychological, social, and mental changes.<sup>2</sup>

These changes may actually begin before and continue after adolescent period. Gynaecological problems in this age group occupy a special spectrum of disorders that may significantly contribute to their overall maturation and psychological remodeling during this period of transition from childhood to woman hood. The disorders include common gynaecological disabilities such as dysmenorrhoea,

menorrhagia, breast discomfort and migraine. These disorders may affect their physical, emotional and social well-being resulting in work-related economic adversity and poor school performance.<sup>3</sup>

In many developing countries including Nigeria, the health system does not distinctly recognize or address the problems of the adolescents. Invariably, adolescent gynaecology as a subspecialty has not been optimally explored. Adolescents in most instances have to sit side by side with their mothers and sometimes even their grandparents to present their gynaecological health issues to the physician. Under such a situation, they may actually find it difficult to raise gynaecological health issues with their doctors for fear of being treated with levity especially if they doubted the level of confidentiality with the management their information. Consequently, it is likely that many adolescents do not present their actual gynaecological problems to their Family doctors or Gynaecologists. They may however present with varied complaints of non-related symptoms rather than their primary concerns<sup>4</sup>. In some cases, these minor symptoms may disguise very important issues, such as request for contraceptive information, pregnancy, sexually transmitted infection (STI) or even to discuss sexual assault. This no doubt may pose a major challenge to the unsuspecting attending physician. Astute history taking skills and sensitivity to the peculiarity of adolescent's health issues remain the panacea for proper management of adolescent gynaecological problems in our environment.

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