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Research Article

**OBESITY AND GYNAECOLOGICAL PROBLEMS IN LOCAL
POPULATION OF PAKISTAN****Dr. Faiza Maqsood¹, Dr. Rabbia Shahzadi¹, Dr. Natasha Wafa¹, Dr. Saiqa Ilyas¹,
Dr. Khurram Khaliq Bhinder²**¹Sir Gangaram Hospital, Lahore²DHQ Teaching Hospital, Gujranwala**Article Received:** September 2020**Accepted:** October 2020**Published:** November 2020**Abstract:**

Introduction: Over the last few years, gynaecology and obstetrics as other medical specialties have been subject to extensive changes. **Objectives:** The main objective of the study is to analyse the obesity and gynaecological problems in local population of Pakistan. **Material and methods:** This cross sectional study was conducted in Sir Gangaram Hospital, Lahore during January 2019 to July 2019. The data was collected from 500 female students of different universities. The data was collected with a questionnaire. **Results:** The data was collected from 500 female students. The average age of the students was 19.7 ± 0.45 , and the average of Body Mass Index (BMI) was found to be 21.4 ± 3.1 . 99.2 percent of the students were single; 66.7% of them perceived their economic situation as good; and 64.6% of them stayed in the state dormitory. **Conclusion:** It is concluded that young women in this study had high risk of gynecological disorders. Risk with gynecological problems can lead to worse health conditions.

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INTRODUCTION:

Over the last few years, gynaecology and obstetrics as other medical specialties have been subject to extensive changes. Increasing specialisation of techniques, methods and procedures have been observed in diagnostic and therapeutic health care, as well as in research. This development will also continue over the coming years [1]. With this, there is a growing risk that the professional unity will be fragmented and that isolated innovation processes will not be integrated and implemented in the speciality.

At the same time, clinics and research facilities are under increasing pressure to perform and under increasing competitive pressure to be able to exist under clinical, scientific and economic terms and to continue to develop [2]. The condensation of demands on hospitals observed in all industrial nations also characterizes the situation in German women's hospitals. Based on these aspects, a pooling of expertise and resources in the areas of science and health care appears sensible [3].

Adolescents encounter some risks with gynecological problems such as menstrual problems, vaginal discharge and infections, pelvic mass and ovarian cysts, trauma and sexual abuse, genital system anomalies, abdominal and pelvic pain, adolescent pregnancies, breast problems, and early and late puberty. In a study 33.4% of the adolescents consulted a doctor with complaints of menstrual disorder and that 2.8 percent of all the patients were hospitalized for treatment [4]. Furthermore, as revealed by the study, the young population is generally perceived as a healthy group that does not require health care services, and thus they cannot adequately benefit from these services [5]. For this reason, the diagnosis of the gynecological problems whose onset is rooted in this period may be delayed, leading to higher mortality or morbidity at adult ages. However, it

must be noted that the majority of the health problems experienced in this period may be prevented [6].

Objectives

The main objective of the study is to analyse the obesity and gynaecological problems in local population of Pakistan.

MATERIAL AND METHODS:

This cross-sectional study was conducted in Sir Gangaram Hospital, Lahore during January 2019 to July 2019. The data was collected from 500 female students of different universities. The data was collected with a questionnaire. The most common gynecological problems were listed and the definition and symptoms of each problem was given in parenthesis. For example, Premenstrual Syndrome (a condition characterized by some emotional changes that start a few days before menstruation and which could continue throughout the menstruation such as edema, headache, nervousness and tension), or urinary tract infection

Statistical analysis

The data was collected and analysed using SPSS version 19. All the values were expressed in mean and standard deviation.

RESULTS:

The data was collected from 500 female students. The average age of the students was 19.7 ± 0.45 , and the average of Body Mass Index (BMI) was found to be 21.4 ± 3.1 . 99.2 percent of the students were single; 66.7% of them perceived their economic situation as good; and 64.6% of them stayed in the state dormitory. It was found that 90.4% of the students did not smoke, and 98.5% of the students stated that they do not use alcohol. The study further found that 75.8% of the participants do not do regular exercise.

Table 01: General values of Control group and diseased group

Variable		t Value	p Value
Age (Year)	19.7 ± 0.45	1.716	0.081
BMI (kg/m ²)	21.4 ± 3.1	2.195	0.031
SBP (mmHg)	140.36 ± 15.70	8.248	0.000
DBP (mmHg)	87.94 ± 10.69	5.967	0.000
PP (mmHg)	52.42 ± 12.87	5.426	0.000
FBG (mmol/l)	5.12 ± 0.65	1.764	0.081
TG (mmol/L)	1.74 ± 0.75	1.838	0.071
TC (mmol/L)	4.95 ± 0.76	1.712	0.090
HDL-	1.30 ± 0.43	1.717	0.089
LDL-C	3.46 ± 0.58	1.139	0.266

There are different factors and reasons of obesity and gynaecological problems in Pakistani population. The main factor is irregularity of menstrual cycle which is 26.7%.

Table 02: Reasons of obesity and gynaecological problems in women

Factors	% age
Age	9.9%
Weight	18.9%
Environmental factors	19.1%
Genetics	3.4%
Stress and emotional factors	5.7%
Health conditions	16.3
Irregularity in menstrual cycle	26.7%

DISCUSSION:

Pakistan is a developing country facing a “double burden”, comprising disease associated with under development issues leading to poor quality of life (infectious disease and nutritional deficiencies) and non-communicable disorders secondary to urbanization or rapid industrialization [7]. In Pakistan, contributory factors are environmental changes, urbanization, lifestyles modification, consumption of high-density diets, and decrease physical activity, which have resulted in rising burden of overweight and obesity. Studies have identified the variable burden of overweight and obesity among various populations distinct by gender and age groups, including children [8]. Furthermore, various studies have identified the substantial increase in the burden of obesity particularly among children, comprising 43 percent of Pakistan’s total population [9]. Our data showed that overweight and obesity were both highest among middle-aged adults (i.e., 35–64 years of age) and lowest in young Pakistani adults (i.e., 19–34 years of age). The rates were consistently higher in women when compared with men across all age-groups. Similar patterns were also observed in an earlier study from Pakistan [10].

CONCLUSION:

It is concluded that young women in this study had high risk of gynecological disorders. Risk with gynecological problems can lead to worse health conditions. These findings suggest that there is a need to avoid unhealthy lifestyle habits such as excessive eating and an energy-dense diet, sedentary behavior, and inappropriate sleep duration to improve adult health.

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