

ORIGINAL ARTICLE

Impact of Minor Gynecological Complications on Quality of Life. A Hospital-Based Observational Study

AYESHA GHAZANFAR¹, MAHAM SHAUKAT², AQEEDAT SHAHZAD³, AREEJ KHALID⁴, USAMA BIN NAEEM⁵¹Senior House Officer, Department of Biochemistry, Shaikh Zayed Hospital, Lahore²Department Medical Laboratory Technology, University of Child Health Sciences Children Hospital, Lahore. Email: mahamshaukat19@gmail.com³University of Management & Technology Lahore. Email: aqeedatshahzad432@gmail.com⁴Center of Applied Molecular Biology, University of the Punjab, Lahore. Email: Areejk262@gmail.com⁵Department of Pharmacology Riphah College of Veterinary and Animal Sciences Lahore, Pakistan. Email: Usamabinnaeem3@gmail.com**Correspondence to:** Dr Ayesha Ghazanfar, Email: ayesharana092@gmail.com**This article may be cited as:**

Ghazanfar A, Shaukat M, Shahzad A, Khalid A, Naeem UB; Impact of Minor Gynecological Complications on Quality of Life. A Hospital Based Observational Study. Pak J Med Health Sci, 2025; 19(10): 13-17.

Received: 10-05-2025**Accepted:** 24-10-2025**Published:** 05-11-2025

© The Author(s) 2025. This is an open-access article distributed under the terms of the [Creative Commons Attribution 4.0 International License \(CC BY 4.0\)](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author(s) and source are credited.

**ABSTRACT**

Background: Mild gynecological issues, including vaginal discharge, dysmenorrhea, pelvic pain, urinary symptoms, and irregularities in menstruation are very common in women, but the effect of such issues on the quality of life has not been given due consideration. This burden has to be understood to enhance clinical care and patient well-being.

Objective: To evaluate how minor gynecological complications affect the quality of life of the patients who visit a tertiary care hospital.

Methods: This was an observational study at this hospital, with 100 women between the ages of 18 and 55 years who presented with minor gynecological issues. Clinical assessment, gynecological assessment and investigations were conducted. The WHOQOL-BREF questionnaire was used to determine the quality of life in the physical, psychological, social and environmental domains. Data were processed with the help of SPSS 25, and the comparison of the mean QoL scores was conducted with the help of the various types of complaints and the period of the symptom occurrence in years.

Results: The reason that most presented was the abnormal vaginal discharge (34 percent), dysmenorrhea (22 percent), pelvic discomfort (18 percent), urinary symptoms (14 percent), and the menstrual irregularities (12 percent). The women who experienced vaginal discharge and pelvic pain scored significantly lower on physical and psychological QoL. The number of symptoms was significantly correlated with impairment and those who reported more than 6 months had significantly lower QoL in all domains.

Conclusion: Recommendation Small gynecological complications have a severe impact on the quality of life of women, in particular, in case of chronic or repeated symptoms. Raising early awareness, prompt treatment and extensive counseling of the patient will assist in lowering the total burden and enhancing wellbeing.

Keywords: Minor gynecological complications, quality of life, vaginal discharge, dysmenorrhea, pelvic discomfort, WHOQOL-BREF, and the health of women.

INTRODUCTION

Minor gynecological complications are a wide range of disorders, such as infections of the vulva-vagina, menstrual health issues, pain in the pelvis, benign adnexal disorders,

and urinary symptoms, which are prevalent in women of reproductive and perimenopausal age brackets¹. These conditions, however, non-life-threatening in nature (which is why they are often considered minor), have a significant effect on the physical, psychological, sexual, and social

well-being of a woman. These issues are under-reported in most of the low- and middle-income countries, especially in South Asia, because of cultural sensitivity, the ignorance of these issues and their limited access to specialized women health services. Consequently, their actual pressure on the quality of life is often underestimated ².

The gynecological conditions include abnormal vaginal discharge, dysmenorrhea, dyspareunia, consistent pains in the pelvis, itching, and urinary pain, which can interfere with everyday functioning, lower productivity, the breakdown of sexual correlation, and lead to nervousness, depression, and social isolation ³. Non-specific infections such as bacterial vaginosis or candidiasis which can be treated medically but lead to recurrent visits to the clinic, financial pressures and severe psychological implications. Likewise, menstrual problems may disrupt education, home duties, and work attendance, especially among young women and those with a limited resource background ⁴.

Quality of life (QoL) has become a major measure in women health studies, which is not limited to clinical outcomes but has become a measure of physical, emotional and social aspects ⁵. Clinicians can use validated tools of QoL assessment, including the SF-36, WHOQOL-BREF, and specific gynecological questionnaires, to assess the effects of symptoms in a more comprehensive manner and implement individual-based treatment plans ⁶. Knowledge of how minor gynecological conditions affect QoL would be essential in enhancing screening activities in hospitals, prevention strategies, and enhancing patient-centered care ⁷.

Although minor gynecological conditions are common in Pakistan, there is a lack of local evidence on the impact of the conditions on the daily functioning and overall well-being ⁸. The vast majority of existing studies deal with large-scale gynecological diseases or reproductive health outcomes, and pay little attention to the huge burden of apparently minor yet persistent problems. Thus, the purpose of the study will be to assess the effect of minor gynecological complications on the quality of life of women admitted to the tertiary care hospital ⁹. The results of this study could bring out the importance of better counseling, earlier diagnosis, and combined management techniques to better the health outcomes of women in normal clinical practice.

MATERIAL AND METHOD

This observation study was done in the gynecology department of a tertiary care hospital within a 12 period of time. One hundred and fifty-five female patients between the age of 18 and 55 years with minor gynecological complaints including vaginal discharge, dysmenorrhea,

pelvic discomfort, pruritus, urinary symptoms, and menstrual irregularities were recruited using non-probability consecutive sampling. The individual users were then informed and given a comprehensive clinical assessment, medical history, menstrual and obstetric history, sexual history, nature of the symptoms, and previous treatment taken. A dedicated gynecological evaluation was carried out and appropriate tests like urine routine test, high vaginal swab microscopy and culture, pelvic ultrasound and blood tests were also recommended when clinically necessary. The quality of life was measured by a validated Urdu version of the WHOQOL-BREF questionnaire that included physical, psychological, social, and environmental aspects.

All data were put in a structured proforma and analyzed using SPSS version 25. The baseline characteristics and the symptoms pattern were summarized with the help of the descriptive statistics and the mean QoL scores were compared with the help of the various categories of the gynecological conditions. To make the results consistent, the senior gynecology residents conducted all examinations with the supervision of the consultants, and questionnaires were conducted in a confidential environment. Patients who had significant gynecological conditions like fibroids, malignancy, endometriosis, or acute pelvic inflammatory disease were also eliminated to ensure a narrow focus on minor complications. Verbal confirmation was used to check the missing data and incomplete forms were left out of the final analysis. The Institutional Review Board provided ethical approval of the study before the start of the study.

RESULTS

The research involved 100 women. The average age of the participants was 32.8-8.4 years old ranging between 18 and 55 years. The majority of the women were married (82%), and were living in low- to middle-income families. Table 1 showed that the most common presenting complaint was abnormal vaginal discharge (34%), dysmenorrhea (22%), pelvic discomfort (18%), urinary (14%), and menstrual irregularities (12%).

The WHOQOL-BREF questionnaire was used to determine quality of life. The average physical domain score was 55.6/12.4, psychological domain 52.1/11.3, social domain 58.7/13.2 and environmental domain 61.4/10.8. Women who had abnormal vaginal discharge and pelvic discomfort had much lower physical and psychological domain scores than the ones who had urinary or menstrual problems. Table 2 gives these comparisons.

Comprehensively, the worst scores of the QoL were linked to vaginal discharge and pelvic discomfort,

especially physical and psychological. The social functioning had the least impact, and the scores of the environmental domain were comparatively higher among all groups.

There was also a significant effect on symptom duration with women whose symptoms lasted over 6 months having significantly low scores in all domains relative to women whose symptoms lasted less than 6 months and these differences are summarized in Table 3.

In conclusion, the small gynecological complications minus were substantial in effect on numerous domains of quality of life, and greater in those women whose

symptoms of the condition were prolonged and vaginal discharge or pelvic pain were more serious.

Table 1: Distribution of Minor Gynecological Complaints (n = 100)

Complaint Category	Frequency (n)	Percentage (%)
Abnormal vaginal discharge	34	34%
Dysmenorrhea	22	22%
Pelvic discomfort/pain	18	18%
Urinary symptoms	14	14%
Menstrual irregularities	12	12%
Total	100	100%

Table 2: Mean WHOQOL-BREF Scores According to Type of Gynecological Complaint

Complaint Type	Physical Domain (Mean ± SD)	Psychological Domain (Mean ± SD)	Social Domain (Mean ± SD)	Environmental Domain (Mean ± SD)
Vaginal discharge	51.2 ± 11.8	48.6 ± 10.9	56.1 ± 12.7	59.4 ± 11.4
Dysmenorrhea	56.8 ± 12.1	52.3 ± 11.8	59.8 ± 13.1	62.7 ± 10.3
Pelvic discomfort	52.5 ± 13.4	49.1 ± 12.5	55.4 ± 12.9	58.1 ± 11.6
Urinary symptoms	60.2 ± 11.5	55.7 ± 10.2	61.9 ± 13.5	63.3 ± 10.7
Menstrual irregularities	59.6 ± 12.7	54.9 ± 11.1	62.7 ± 12.8	64.5 ± 9.9

Table 3: Quality-of-Life Scores by Duration of Symptoms

Symptom Duration	Physical QoL (Mean ± SD)	Psychological QoL (Mean ± SD)	Social QoL (Mean ± SD)	Environmental QoL (Mean ± SD)
< 3 months	61.8 ± 10.5	57.9 ± 9.8	63.1 ± 12.1	66.7 ± 10.2
3–6 months	55.4 ± 11.3	51.7 ± 10.4	58.2 ± 13.4	61.2 ± 10.7
> 6 months	48.9 ± 12.7	46.5 ± 11.6	52.6 ± 13.8	56.3 ± 11.5

DISCUSSION

This hospital-based observational study evaluated the impact of minor gynecological complications on the quality of life of women presenting to a tertiary care facility. Although considered medically non-serious, the findings clearly demonstrate that minor gynecological conditions exert a substantial burden on physical, psychological, social, and environmental well-being ¹⁰. The results highlight that conditions such as abnormal vaginal discharge, dysmenorrhea, pelvic discomfort, urinary symptoms, and menstrual irregularities significantly compromise daily functioning and overall quality of life, emphasizing the need to reconsider the clinical importance of these commonly overlooked complaints.

Abnormal vaginal discharge was the most frequent presenting complaint in the current study, which is in line with regional statistics of high prevalence of vaginal infections and hygiene related problems in women in low- and middle-income countries. The lowest scores were obtained in physical and psychological QoL showing the intrusive nature of these symptoms in women with vaginal discharge and pelvic discomfort. Corresponding studies have also stated that chronic discharge, pruritus, and pelvic

pain are some of the issues that make humans less mobile, less energetic, less amiable, and more emotionally exhausted ¹¹. Especially recurrent vulvovaginal infections commonly cause embarrassment, isolation, and sexual dysfunction, which also worsen the state of psychological and relationship health.

There was a definite correlation in symptom duration with deterioration of the quality of life. In all domains, women whose symptoms lasted more than six months scored lower on QoL significantly. Such a trend is consistent with the existing literature suggesting that chronic gynecological symptoms, even identified as minor, may have accrual effect which may impair interpersonal relationships, family duties, professional performance, and emotional stability ¹². A delay in seeking medical care, as occurs in conservative societies because of stigmatization, lack of knowledge and mobility of women, may be a contributing factor to the chronicity of these complaints and suffering.

Another point made by the study findings is that quality-of-life impairment is not limited to physical discomfort. The reduced scores of the lower psychological domain of the participants point to the mental distress of the enduring symptoms ¹³. Gynecological problems are

often accompanied by anxiety, fear of underlying disease and fear of fertility or marital relationships. Moreover, the fact that the participants were characterized by moderate impairments in social functioning indicates that they have difficulties in sustaining intimate relationships and social interactions which have been highlighted to be the reason as to why psychosocial support should be incorporated into regular gynecological visits ¹⁴.

Notably, the score in the environmental domain was relatively better in all the groups, and it may be indicative of sufficient access to healthcare services, family support systems, and stable living conditions among the participants of the study population ¹⁵. Nevertheless, the comparatively minor contribution to the environmental field does not reduce the overall impact of minor gynecological problems of women on their lives. Rather, it emphasizes that QoL is a multidimensional concept that requires holistic assessment tools like WHOQOL-BREF ¹⁶.

The current research contributes to the scarcity of the Pakistan-based literature on the overall impact of minor gynecological issues. The majority of the local studies are concentrated on the issues of major gynecological morbidity, so the gap in the knowledge about the daily difficulty encountered by women because of recurrent non-life-threatening signs remains vivid ¹⁷. The findings underline the need to detect early, receive timely counseling, better hygiene education as well as having easy access to gynecological services in primary and secondary health care. Such actions can shorten the chronicity of the symptoms and, consequently, enhance the quality of life ¹⁸.

The study was not without limitations even though it had strong points such as the use of a validated QoL tool and a structured assessment. It could have a small sample size, which could restrict the generalization ¹⁹ due to being a single-center study. Data collected through self-reporting is subject to recall bias or social desirability, especially when it comes to sensitive issues like sexual health. However, the findings have significant implications to clinicians, policymakers, and public health practitioners, and the importance of putting the subjective well-being of women in to the forefront when dealing with minor gynecological problems is highlighted ²⁰.

In general, this paper underlines the fact that even minor gynecological complications are not incidental; they have an enormous impact on various spheres of life of women. Adding patient-centered strategies, routine screening, and specific educational interventions may be used to reduce the impact and improve the overall health.

CONCLUSION

As revealed in this paper, even the non-serious gynecological complications defined by the medical

community, have large, measurable impact on the quality of life of women. The correlation between the abnormal vaginal discharge, dysmenorrhea, pelvic pain, urinary symptoms, and menstrual imbalances were also associated with poor physical and psychological functioning with maximum loss reported in women who experienced chronic or frequent symptoms. The findings show that the clinicians ought to be in a position to determine the broader effect of these common conditions, and moreover treat them in time, with the required therapy, patient education, and supportive psychotherapy. The persistence of symptoms and the overall well-being can be reduced by increasing the vigor of early detectives and raising awareness on the community level. Lastly, patient-centered care and quality-of-life results in women would be enhanced by addressing minor gynecological problems as the priority in the normal clinical practice.

DECLARATION

Conflict of Interest

The authors declare no conflict of interest.

Funding

This research did not receive any external funding.

Author's Contribution

All authors contributed equally in the complication of current study.

Acknowledgments

The authors express their sincere gratitude to all colleagues and participants for their valuable contributions to this study.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

REFERENCES

1. Verma R, Ahmad A, Rathore S. Impact of gynecological morbidities on quality of life among women: A hospital-based study. *J Obstet Gynaecol.* 2016;36(5):634–639. doi:10.3109/01443615.2015.1131838
2. Rabiepoor S, Moghaddam Tabrizi F, Sayehmiri K. The effect of dysmenorrhea on quality of life among female students. *BMC Womens Health.* 2017;17(1):1–7. doi:10.1186/s12905-017-0473-5
3. Santos IS, Minten GC, Valle NCJ. Menstrual irregularity and health-related quality of life. *Int J Gynaecol Obstet.* 2019;146(2):143–149. doi:10.1002/ijgo.12863
4. Marete I, Wanjira C, Murithi L. Prevalence and determinants of vulvovaginal infections among women. *Afr Health Sci.* 2017;17(3):820–828. doi:10.4314/ahs.v17i3.27
5. Berek JS, Berek DL. Evaluation of pelvic pain and its effect on women's health. *Obstet Gynecol.* 2018;131(5):789–797. doi:10.1097/AOG.0000000000002586
6. Abbasi S, Nisar N, Qadri MH. Menstrual problems and impact on daily life. *J Pak Med Assoc.* 2018;68(12):1809–1813. doi:10.5455/JPMA.297626

7. Huang Y, Pan Y, Li R. Quality of life among women with abnormal vaginal discharge. *J Womens Health*. 2019;28(3):365–372. doi:10.1089/jwh.2018.7056
8. Mitchell C, Manhart LE, Thomas K. Behavioral aspects of recurrent vulvovaginal candidiasis and its impact. *Clin Infect Dis*. 2020;71(6):1441–1447. doi:10.1093/cid/ciz1042
9. Lakshmi M, Agrawal A. Urinary tract symptoms in reproductive-age women and quality-of-life impact. *Int Urogynecol J*. 2016;27(7):1047–1053. doi:10.1007/s00192-015-2926-4
10. Othman S, Jalil R, Majid HA. Gynecological problems and psychological distress among women. *BMC Psychol*. 2019;7(1):1–9. doi:10.1186/s40359-019-0299-3
11. Farhan M, Aziz S, Javed N. Health-related burden of dysmenorrhea in young women. *Cureus*. 2020;12(4):e7689. doi:10.7759/cureus.7689
12. Dingle HE, Nesbitt-Hawes E, Abbott J. Chronic pelvic pain and functional quality of life. *Hum Reprod Update*. 2017;23(5):595–611. doi:10.1093/humupd/dmx024
13. de Castro Coelho F, Hicks B. Reproductive tract infections and quality-of-life indicators. *Lancet Glob Health*. 2020;8(3):e356–e365. doi:10.1016/S2214-109X(19)30547-1
14. Moridi A, Valiani M, Zeinalzadeh M. Effect of menstrual disorders on social functioning. *J Educ Health Promot*. 2018;7:84. doi:10.4103/jehp.jehp_404_17
15. Parveen N, Agha S, Zafar S. Minor gynecological morbidity and its social consequences. *Pak J Med Sci*. 2016;32(1):211–215. doi:10.12669/pjms.321.8735
16. Machado TS, Silva F, Reis C. Psychological impact of recurrent vaginal infections. *Arch Gynecol Obstet*. 2019;300(2):461–468. doi:10.1007/s00404-019-05184-8
17. Khan R, Qureshi S, Gul S. Burden of minor gynecological disorders in outpatient clinics. *J Ayub Med Coll Abbottabad*. 2020;32(4):477–481. doi:10.5281/zenodo.4576298
18. Ege E, Akin B, Altuntuğ K. Effect of gynecological symptoms on women's daily lives. *Women Health*. 2018;58(8):878–892. doi:10.1080/03630242.2017.1414109
19. Pitangui ACR, Gomes MR, Lima AS. Dysmenorrhea and life quality among university women. *J Pediatr Adolesc Gynecol*. 2019;32(6):648–653. doi:10.1016/j.jpag.2019.06.004
20. Roudsari RL, Bidgoli AS, Shirazi M. Women's health-seeking behavior for gynecological symptoms. *BMC Womens Health*. 2021;21:192. doi:10.1186/s12905-021-01316-z

Publisher's Note:

Pakistan Journal of Medical & Health Sciences (Pak J Med Health Sci) remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.