

susceptibility pattern rather than routine empirical treatment. Even nowadays third generation cephalosporin are getting resistance, so use drugs cautiously. Possibly main complication of gonorrhoea is infertility in both men and women. So the mainstay for non-specific prevention is safe sex, avoid multiple partners and men to men sex [1]. Treatment and diagnostic procedures should be well monitored and under surveillance.

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IMPACT OF PCOS-RELATED MENSTRUAL IRREGULARITIES ON FERTILITY AND REPRODUCTIVE HEALTH IN INDIAN WOMEN

Introduction

Polycystic Ovary Syndrome (PCOS) is a common hormonal and metabolism issues among women of reproductive age that can lead to various health challenges, including menstrual irregularities and infertility [1]. Polycystic ovary syndrome (PCOS) is a complex endocrine disorder that affects approximately 25–30% of women of reproductive age worldwide. In India, the prevalence of PCOS is reported to be even higher, with estimates ranging from 9% to 36% depending on the diagnostic criteria used. PCOS is characterized by a combination of symptoms, including menstrual irregularities, hyperandrogenism, and polycystic ovaries on ultrasound.

PCOS-associated with menstrual irregularities are disruptions in the normal menstrual cycle that can include infrequent or prolonged periods, as well as the absence of ovulation, leading to difficulties in conceiving. In the context of Indian women, where there is significant stigma associated with reproductive health, PCOS and its impact on fertility present considerable challenges. This is coupled with the fact that India has a high prevalence rate of PCOS, with numerous studies suggesting it affects approximately 22–26% of women of reproductive age [2]. From the period from 2020 till now according to hospital's data, the cases of PCOS have increased over the time. The average age of patients was 30 ± 10 years (25–40 years). In Indian women, PCOS-related menstrual irregularities, driven by hormonal imbalances, can lead to anovulation and irregular ovulation patterns, reducing the chances of conception.

Goals

To know how PCOS-related menstrual irregularities affect fertility in Indian women and to explore the broader implications of PCOS-related menstrual irregularities on reproductive health. Examining the impact of cultural and social factors on the experiences of Indian women with PCOS-related menstrual irregularities.

Material and methods of research

As an increasing prevalence of PCOS in India a cross-sectional survey was conducted among the cases of patients in two different gynaecological hospitals (one is maternity and nursing home and other one is multidisciplinary hospitals) of India. 30 patient's cases were taken. A questionnaire was also given to those patients.

The result of the research and discussion

PCOS-related menstrual irregularities, such as oligomenorrhea, amenorrhea, and anovulation, can disrupt ovulation and reduce the chances of conception, leading to infertility [3].

Furthermore, the hormonal imbalances associated with PCOS can have broader implications on reproductive health, including an increased risk of endometrial hyperplasia and cancer due to prolonged exposure to unopposed estrogen. Additionally, irregular menstrual cycles in PCOS can result in heavy and prolonged menstrual bleeding, causing physical discomfort and emotional distress.

Cultural and social factors significantly influence the experiences of Indian women with PCOS-related menstrual irregularities, impacting their access to care, quality of life, and reproductive health outcomes: stigma and shame, lack of understanding or family support may lead to increased stress and emotional burden [4]. Cultural beliefs about fertility and motherhood may also shape women's perceptions of their reproductive health and influence decisions regarding family planning. Limited access to specialized gynaecological care, diagnostic services, and fertility treatments in certain regions or among marginalized communities can delay diagnosis and management of PCOS, exacerbating the impact of menstrual irregularities on fertility and reproductive health outcomes. Lack of comprehensive sexual education and awareness programs may contribute to misconceptions and misinformation about PCOS among Indian women.

Conclusion

Polycystic Ovary Syndrome (PCOS) is a complex endocrine disorder that affects the fertility and reproductive health of Indian women. PCOS-related menstrual irregularities can disrupt ovulation and lead to infertility, while also posing risks for endometrial hyperplasia and cancer. The experiences of Indian women with PCOS are influenced by cultural and social factors, which can impact access to care and reproductive health outcomes. It is crucial to raise awareness and provide support to Indian women affected by PCOS to improve their quality of life and reproductive health.

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