

Self-Reported Reproductive Morbidities & Treatment Seeking Behavior among Married Women

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ABSTRACT

Generally, women with self-reported symptoms of reproductive morbidity do not seek treatment due to existing taboos and inhibitions regarding sexual and reproductive health. In developing countries, women are high risk for several reproductive health problems especially reproductive tract infection/sexual transmitted infection (RTI/STI). Health seeking behavior or treatment seeking behavior depend upon the perceptions of individual and they may neglect and do not seek treatment for their problem. Though there has been increasing concern over the general health and mortality status of women in India but still much attention is required to the morbidity among women.

Objectives- to describe the self-reported reproductive morbidities among married women and to observe the treatment seeking behavior related to reproductive morbidities among married women.

Methodology- A quantitative approach with Non-experimental descriptive research design was used. Non-randomized convenient sampling technique was used to select 180 subjects. Data was collected from 180 non-randomized selected samples, using semi structured questionnaire about their self-reported reproductive morbidities and treatment seeking behavior by interview method from home to home visit.

Result- Study findings say, many women had more than 1 problem. In menstruation morbidities 65 (36.12%) women had mild pain and 46(25.56%) women have scanty

bleeding less than 3days. In RTI morbidities, 82(45.56%) women suffering from abnormal vaginal discharge/white discharge and lower abdominal pain 56(31.12%). In gynaecological morbidities, women suffer from swelling or lump in breast and 5(2.78%) women have heavy bleeding. For all types of reproductive morbidities majority of women prefer allopathic treatment and ayurvedic treatment. Approx. 80% of women preferred allopathic treatment in their reproductive morbidities.

Conclusion- Women have self-reported RTI and menstrual problem more than gynecological reproductive morbidities and majority of the women preferred allopathic treatment only when they had serious reproductive morbidities. Women need to be screened for RTIs and menstrual problem to prevent seriousness of problem. They must be encouraged for routine checkups. Well women health camps can be organized monthly for women. Majority had backache. Exercise should be taught to strengthen back muscles and lower backache.

Keywords- Reproductive, Morbidity, Self Reported, Gynecology, Menstrual, Allopathic, Homeopathic.

INTRODUCTION

A healthy reproductive life is essential component but it is most leading cause of ill health in women of reproductive age group worldwide especially to those in developing countries. ^[1] Globally reproductive ill health account for 36.6% of

total disease among women especially reproductive health. In India, a large proportion of women do not visit health facilities unless a disease becomes serious. [1]

Generally, women with self-reported symptoms of reproductive morbidity do not seek treatment due to existing taboos and inhibitions regarding sexual and reproductive health. They hesitate to discuss about the reproductive problem especially, due to shame and embarrassment. In developing countries, women are high risk for several reproductive health problems especially reproductive tract infection/sexual transmitted infection (RTI/STI). These problems arise primarily as a result of early marriage, high fertility, higher number of pregnancy and unsafe sex. Reproductive morbidity is an important public health issue as well as social problem. [2]

Health seeking behavior or treatment seeking behavior depend upon the perceptions of individual and they may neglect and do not seek treatment for their problem. The centrality of health seeking behavior can be seen in this contest the early recognition of symptoms, presentation to health facilities and complains with effective treatment will reduce the spread of treatable RTI/STI.

Reducing the time between onset of infection and care, through improved accessibility of services and or education about symptoms recognition could play an important role in prevent in reproductive morbidities. [1]

NEED OF THE STUDY

Reproductive morbidities are a global health concern among women, especially in South East Asia Region (SEAR) countries. They may progress to serious complications and cause a high degree of morbidity during the sexually

active period of life. More than a million women and infants die of the complications of reproductive morbidities every year. [1]

Though there has been increasing concern over the general health and mortality status of women in India but still much attention is required to the morbidity among women. There is paucity of evidence base about various dimensions of reproductive morbidity. On the other side, recent efforts in different developing countries including India to study reproductive morbidity at the community level suggest a high prevalence of gynaecological and obstetric morbidities. Given the common prevalence of the reproductive morbidity, it is necessary to understand and identify the underlying correlates. Therefore, the present study focuses upon self-reported reproductive morbidity and identifies its demographic and socio-economic determinants in the rural U.P. [1]

OBJECTIVES OF THE STUDY-

To describe the self-reported reproductive morbidities among married women and to observe the treatment seeking behavior related to reproductive morbidities among married women.

METHODOLOGY

A quantitative study approach and Non-experimental descriptive research design was used. Non-randomized convenient sampling technique used to select 180 subjects who met inclusion and exclusion criteria. Semi-structured questionnaire was prepared to ask about self-reported morbidities related to menstruation, reproductive tract infection and other gynecological problems. Data was collected by interview technique from samples by home to home visit. Tool was found reliable with 0.98 using split half method.

RESULT

TABLE -1 FREQUENCY AND PERCENTAGE DISTRIBUTION OF VARIABLES OF SAMPLES. N=180

S.NO.	SELECTED VARIABLES	FREQUENCY	PERCENTAGE
1	Age (in years)-		
1.1	18-24	37	20.56%
1.2	24-30	75	41.67%
1.3	30-36	42	32.34%
1.4	36-42	20	11.12%
1.5	42&above	6	3.34%
2	Religion -		
2.1	Hindu	180	100%
2.2	Muslims	0	0%
2.3	Sikh	0	0%
3	Category -		
3.1	General	30	16.67%
3.2	OBC	110	61.10%
3.3	SC	38	21.12%
3.4	ST	2	1.1
4	Marital status -		
4.1	Married	176	97.78%
4.2	Widow	3	1.67%
4.3	Divorced	1	0.50%
5	Educational status of women -		
5.1	Illiterate	27	15%
5.2	Primary	36	20%
5.3	High school	52	28.89%
5.4	Intermediate	23	12.78%
5.5	Graduate &above	42	23.34%
6	Occupation of women -		
6.1	House wife	170	84.40%
6.2	Unskilled workers	2	1.10%
6.3	Skilled workers	8	4.40%
7	Educational status of husband -		
7.1	Illiterate	19	10.55%
7.2	Primary	22	12.20%
7.3	High school	52	28.89%
7.4	Intermediate	40	22.23%
7.5	Graduate & above	47	26.10%
8	Occupation of husband -		
8.1	Businessman	8	4.40%
8.2	Private job	78	43.30%
8.3	Government job	43	23.89%
8.4	Unemployed	51	28.34%
9	Family income -		
9.1	Below 5001	66	36.67%
9.2	5001-10001	50	27.78%
9.3	10001-20001	24	13.34%
9.4	More than 20002	40	22.23%
10	Type of family -		
10.1	Nuclear	91	50.50%
10.2	Joint	89	49.45%
11	Parity-		
11.1	Nulli	25	13.89%
11.2	01-03	129	71.70%
11.3	04-06	25	13.88%
11.4	7&above	1	0.50%
12	Duration of married life -		
12.1	Less than 6	62	34.45%
12.2	6-10	64	35.56%
12.3	11-15	29	16.10%
12.4	16-21	15	8.34%
12.5	21& above	10	5.55%
13	Use of contraceptive-		
13.1	Yes	42	23.33%
13.2	No	138	76.67%
14	If yes, How long -		
14.1	Less than 2year	10	23.80%
14.2	4 to 6years	21	50%
14.3	8 & above	11	27.10%
15	Previous gynaecological surgical procedure -		
15.1	None	137	76.12%
15.2	Tubectomy (2abortion+3LSCS)	11	6.12%
15.3	LSCS (2abortion+3tubecomy)	22	12.23%
15.4	Abortion (3LSCS+1Tubectomy)	16	8.89%

TABLE-1 shows, majority 41.67% of women belong to age group 24-29year, all women were Hindu and 61.1% belong to OBC category. 97.78% married, 28.89% women’s educational status was high school and 84.4% were housewife. 28.89% Husband’s education was high school and

43.3% had private job. 36.67% had Family income below 5000. 50.50% families were nuclear and 71.71% women had 1-3 child, 76.67% families don’t use any type of contraceptive. Some women had two or more operative procedure for ex- LSCS, Tubectomy, abortion with Tubectomy.

TABLE-2 FREQUENCY AND PERCENTAGE DISTRIBUTION OF MENSTRUAL MORBIDITIES AMONG MARRIED WOMEN

S.NO.	REPRODUCTIVE MORBIDITIES RELATED TO MENSTRUATION	FREQUENCY	PERCENTAGE
1	Pain during menstruation-		
1.1	Mild pain	65	36.12%
1.2	Moderate pain	31	17.23%
1.3	Severe pain	19	10.56%
1.4	No pain	65	36.12%
2	Intra menstrual bleeding-	5	2.78%
3	Excessive bleeding during menstruation-	17	9.45%
4	Bleeding more than 7days-	27	15%
5	Scanty bleeding less than 3days-	46	25.56%
6	Bleeding before 21days and after 35days-	20	11.12%
7	Premenstrual symptom-		
7.1	dizziness	31	17.23%
7.2	cramps	91	50.56%
7.3	backache	115	63.88%
7.4	nausea and vomiting	17	9.45%
7.5	diarrhoea	4	2.23%
7.6	sore breast	4	2.23%
8	Irregular bleeding-	26	14.45%
9	Amenorrhoea/no period-	4	2.23%

Table no. 2 shows, menstruation morbidities, 65(36.12%) women have mild pain and 46(25.56%) women had scanty bleeding less than 3days, in premenstrual symptoms most of women 115(63.88%) had backache. **NOTE:** Women had more than one reproductive morbidity.

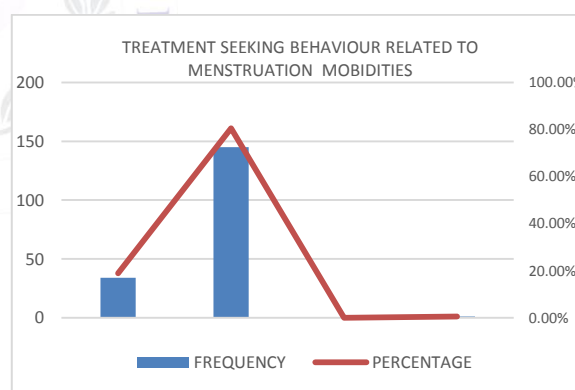


Fig. No. 1 shows majority of women take allopathic treatment for their menstrual problem.

B) Frequency and Percentage Distribution of Reproductive Tract Infection Morbidities among Married Women

TABLE-3

S.NO	REPRODUCTIVE MORBIDITY RELATED TO RTI	FREQUENCY	PERCENTAGE
1	Pain during intercourse-	0	0
2	Bleeding during intercourse-	2	1.12%
3	Lower backache-	73	40.56%
4	Abnormal discharge-	82	45.56%
5	Lower abdominal pain-	56	31.12%
6	Itching in vulva-	14	7.78%
7	Boil or ulcer over perineal area-	4	2.23%
8	Swelling in groin or vulva-	4	2.23%
9	Frequent pain full urination-	12	6.67%

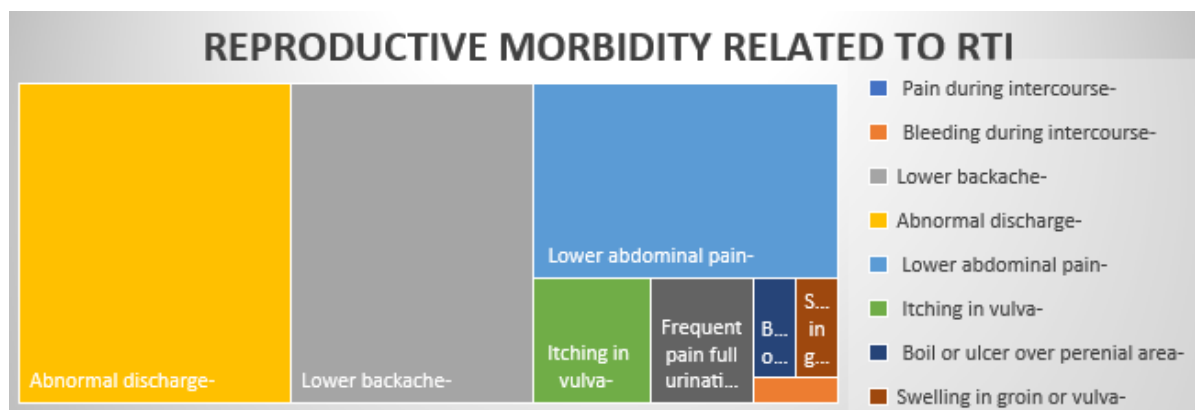


Table no.3 shows 82(45.56%) women suffering from abnormal vaginal discharge/white discharge and lower abdominal pain 56(31.12%). NOTE: Women had more than one reproductive morbidity.

c) Frequency and Percentage Distribution of Gynecological Morbidities among Married Woman

TABLE-4

SNO	Reproductive morbidities related To gynecological problem	Frequency	Percentage
1	Some mass coming out of vagina	1	0.56%
2	Involuntary escape of urine	4	2.23%
3	Swelling or lumps in breast-	6	3.34%
4	Problem due to use of contraceptive-		
4.1	Heavy bleeding	5	2.78%
4.2	weight gain	3	1.67%
4.3	pain	5	2.78%
4.4	Inability to conceive after use of contraceptive	1	0.56%
5	Early menopause	1	0.56%

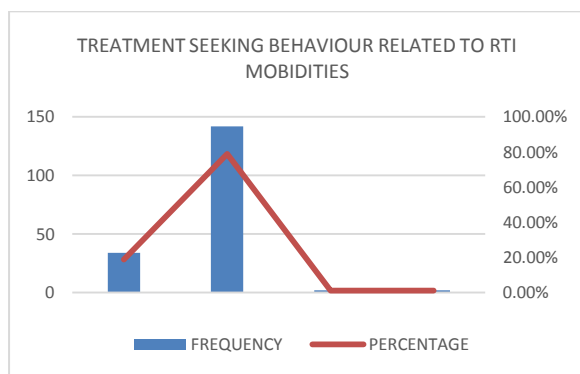


Fig. No. 2 shows, 142(78.89%) women prefer allopathic treatment.

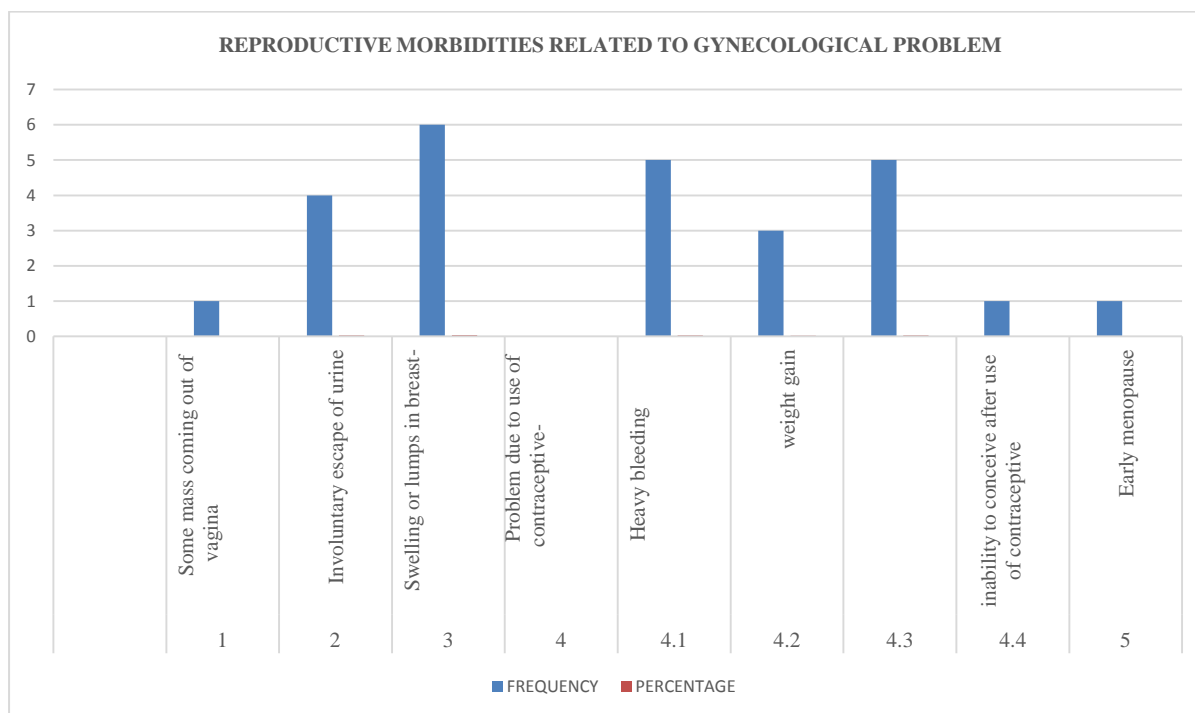


Table no. 4 shows 6(3.34%) women suffering from swelling or lump in breast and 5(2.78%) women have heavy bleeding.

S.NO	Treatment seeking behaviour related to gynecological morbidities	Frequency	Percentage
1	Ayurvedic	31	17.23%
2	Allopathic	146	81.12%
3	Homeopathic	2	1.12%
4	Home remedies	1	0.56%

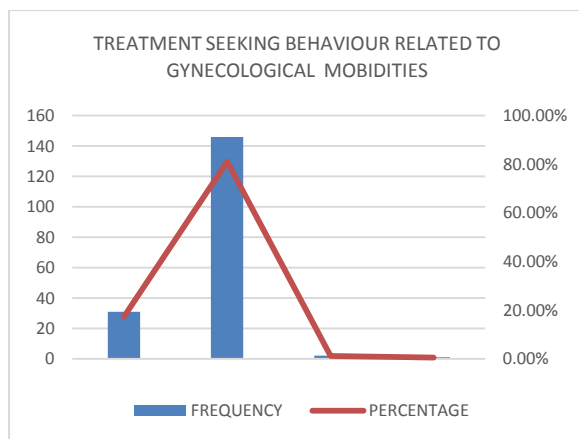


Fig. no. 3 shows 146(81.12%) women prefer allopathic treatment.

RESULT

There are 41.67% of women belong from age group 24-29 year. All women were Hindu and 61.1% belongs to OBC category. 97.78% married women, with educational status 28.89% high school and 84.4% housewife. Most of husband had education till high school 28.89% and 43.3% doing private job. Family income was 36.67% below 5000. 50.50% families were nuclear and 71.71% women had 1-3 child, their duration of married life was 36.56% belonging from 6-10year. 76.67% families don't use any type of contraceptive. Those who used contraceptives, in which 50% using since 3-6years. Some women had two or more operative procedure for ex- LSCS+ Tubectomy, abortion with Tubectomy.

We found some reproductive morbidities in selected samples, some of them had backache during menstruation period, the occurrence of backache was 63.88%.

In RTI problems there were highest problem of abnormal vaginal discharge/white discharge 45.56%, and in gynecological highest problem was swelling of lump in breast 3.34%.

Approx. 80% of women preferred allopathic treatment in their reproductive morbidities. Women had more than one reproductive morbidity.

DISCUSSION

The present descriptive study on 180 samples of Atirazpur, Bhaupur, Amrsipur from Etawah district U.P. to assess self-reported reproductive morbidities (menstruation morbidity, reproductive tract infection and gynecological morbidity) and their treatment seeking behavior.

Common health problems of women are related to their reproductive system women cannot take their treatment until the disease become serious and vast due to lack of female doctors and hesitation some common reproductive problems are backache or per vaginal discharge, urinary problem, irregular menstruation, cysts. As commonly believed most of women did not seek treatment for their illness. Our motive was to identify reproductive morbidities and how women solve their problems.

The present study included 180 women in reproductive morbidities and treatment seeking behavior. We were observed that in menstruation morbidities highest problem was backache [63.88%], in RTI highest problem was abnormal white discharge [45.56%] and in gynecological morbidities was swelling of lump in breast [3.34%] and in all morbidities women prefer allopathic treatment. A similar exploratory study was conducted by Kaur Sandeep et al, (2013) in Jamalpurvana and it was reported high prevalence of reproductive morbidities increase with age in which excessive vaginal discharge 49% and their treatment seeking behavior was allopathic (61%).

CONCLUSION

- Female reproductive morbidities and their treatment seeking behavior depend on perception of severity of problem by the women as it was found that if problem is serious then only women undergo treatment.

- It was found that majority of the women preferred allopathic treatment only when they had serious reproductive morbidities.
- In rural area, women are careless regarding their own health especially reproductive health.
- Health seeking behaviours will therefore be different and being dependent on individuals, their knowledge and prior experience with services.

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