Research Article

A cross sectional study of self reported gynecological morbidities and health seeking behaviour among urban and rural women of reproductive age group

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Abstract

Introduction: Women in India silently suffer from gynaecologic morbidities. Women consider any morbidity relating to the reproductive system, a matter of shame therefore avoids discussing it with anyone and seeking care for the same is rare. The present study was conducted to know the extent and type of gyneacological morbidities amongst reproductive age group women residing at urban slum and tribal area and to study their health seeking behavior for the same. **Methodology:** 220 women from urban slum area and 132 from rural area, who are ever married and are in reproductive age group were included in the study. Structured interview based on predesigned pretested questionnaire was conducted after taking consent. The history about the current perceived gynaecological illnesses or illnesses in the preceding three months was asked. Information about treatment seeking behaviour, place of the previous treatment sought and if treatment was not sought then the reasons behind that were asked in detail. Data was analyzed with the help of proportions and percentages. **Results:** 133 (60.45%) women in urban slum and 90 (68.18%) in rural area reported presence of one or more gynaecological morbidity. white discharge and menstruation related complaints were most common symptoms in both urban and rural area. The average number of symptoms per symptomatic woman was 2.48 in urban and 2.36 in rural area. In urban area, 61 (45.86%) and in rural 54 (60%) women did not seek treatment at all. The most common reason for not seeking treatment was, women considered the problem to be self limiting. **Conclusion:** The study indicates surprisingly high prevalence of gynecologic morbidity among women of reproductive age group still they do not seek treatment for the same due to ignorance.

Keywords: Gynaecological morbidity, health seeking behavior, urban slum, reproductive age group women.

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INTRODUCTION

Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. Failure to deal with reproductive health problems at any stage in life sets the scene for later health and developmental problems. Global estimates showed that, 5-15% of the burden of diseases is associated with failure to address reproductive health needs. The World Bank estimates around 20% loss in total years of healthy life among women of reproductive age group due to gynecological diseases[1]. Gynaecological morbidity includes any condition, disease or dysfunction of the reproductive system that is not related to pregnancy, abortion or childbirth, but may be related to sexual behaviour. Various community based studies of gynaecological morbidity, have shown the prevalence ranging from 33% to 84 %[2,4]. In Maharashtra, National Family Survey data showed prevalence of any abnormal

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vaginal discharge high (62.2%) in slums of Mumbai compared to 33.8% in non slum area[3]. Women in India silently suffer from gynaecological morbidities. Illiteracy, lack of decision making, secondary role of women in society makes the situation worse. Women consider any morbidity relating to the reproductive system a matter of shame therefore avoid discussing it with anyone and seeking care for the same is rare. Primary Healthcare for reproductive age group women deals with antenatal care and family planning services on priority basis. Gynaecological morbidity in the current health programmes has remained largely unaddressed. The present study was planned to know the extent and type of gyneacological morbidities amongst reproductive age group women residing at urban slum and tribal area and to study their health seeking behavior for the same.

MATERIALS AND METHODS

The present study was a community based study which was conducted in an Urban slum which is a catchment area of Urban Health and Training Centre and in the field practice area of Rural health training centre of a Medical College in Mumbai. The Urban area under study is situated near a Western Suburb of a metropolitan city. Area constitutes different settlements of slum dwellers. The rural area under study is situated around 80 km from a metropolitan city. The village is a tribal village and it consists of 15 padas with the majority of population belonging to tribal community. The study was conducted during September 2009 to March 2010. Prior Ethics committee permission was taken. Ever married women in reproductive age group residing in study area, who gave consent, were included in the study. Systematic random sampling was used and every fifth household was selected. 220 women from urban slum area and 132 from rural area were interviewed with the help of predesigned pretested questionnaire, after taking consent. Confidentiality was assured. The information was asked in local language and questions were repeated till the woman being interviewed understood the meaning of the questions. As a gynecological problem is a sensitive topic, probing is done by asking penetrating questions in a defined manner to get adequate information. The history about the current perceived gynaecological illnesses or illnesses in the preceding three months was asked. Information about treatment seeking behaviour, place of the previous treatment sought and if treatment was not sought then the reasons behind that were asked in detail. Whenever available, the records of, the treatment taken or the investigations done were seen. Data entry was done in MS-Excel 2007 and data was analysed in the form of proportions and percentages.

RESULTS AND OBSERVATIONS

Out of 220 women interviewed in urban slum, 133 (60.45%) women and in rural area, out of 132, 90 (68.18%) of the study participants reported presence of one or more gynaecological morbidity.

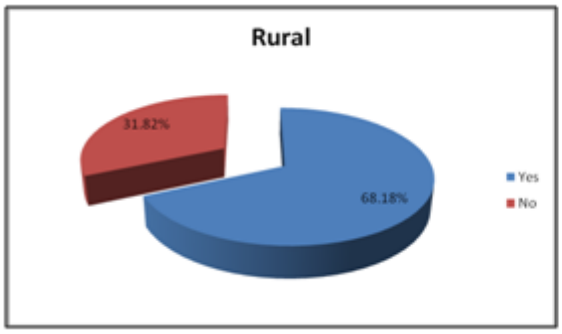

Figure 1a: Prevalence of perceived gynaecological symptoms in study participants Prevalence of perceived gynaecological symptoms in study participants in urban area

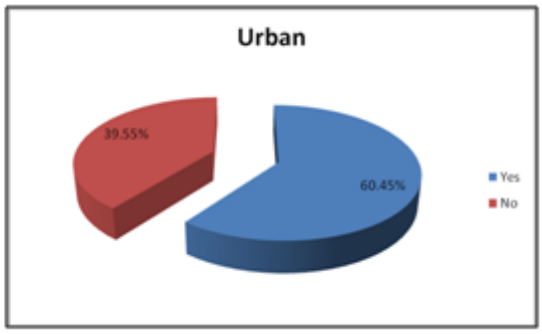

Figure 1b: Prevalence of perceived gynaecological symptoms in study participants in rural area

Overall, white discharge per vagina and menstruation related complaints were most common symptoms in both urban and rural area 74 (55.6%) women in urban and 34 (37.7%) women in rural complained of white discharge per vagina. 59.3% women in urban and 56.6% women in rural complained of problems related to menstruation i.e., hypomenorrhea, menorrhagia, polymenorrhea, oligomenorrhea etc. 44.36% women in urban area and 48.88% women in rural area complained of lower backache. Some women reported pain in abdomen, burning during micturation and symptoms indicative of genital prolapse ("something coming out"). Another problem that causes concern is that of infertility, as a significant proportion of the women, 6.76% in urban and 13.33% in rural had trouble of conceiving. The average number of symptoms per symptomatic woman was 2.48

in urban and 2.36 in rural area. This clearly indicates the magnitude as well as severity of reproductive health problems among women.

Table 1: Profile of gynecological complaints among study subjects

Gynaecological complaints	Urban		Rural	
	Number of complaints (n = 133)	Percentage*	Number of complaints (n = 90)	Percentage*
White discharge per vagina	74	55.6	34	37.7
Itching over genitalia	35	26.31	16	17.77
Ulcer over genital region	3	2.25	3	3.33
Lower abdominal pain	31	23.3	19	26.66
Lower backache	59	44.36	44	48.88
Pain during coitus	7	5.26	10	11.11
Pain while passing urine	21	15.78	12	13.33
Spotting per vagina	1	0.75	4	4.44
Bleeding during coitus	1	0.75	1	1.11
Profuse periods	15	11.27	7	7.77
Scanty periods	22	16.54	14	15.55
Infrequent periods	6	4.51	8	9.99
Frequent periods	5	3.75	2	2.22
Polymenorrheoa	3	2.25	1	1.11
Irreguler menses	12	9.02	9	9
Painful periods	16	12.03	10	11.11
Inability to conceive	9	6.76	12	13.33
Premature menopause	2	1.5	3	3.33
Something coming out of uterus	8	6.01	4	4.44

*Since participants had multiple complaints the total percentage would add up to more than 100

Health seeking behaviour related to gynaecological morbidity among study participants

In urban area, 61 (45.86%) women did not seek treatment at all, 35 (26.31%) went to government hospital and 32 (24.06%) went to private hospital for treatment of reproductive morbidity. In rural area, 54 (60%) women did not seek treatment at all, 19 (21.11%) went to government hospital and 15 (16.66%) went to private hospital for treatment of reproductive morbidity.

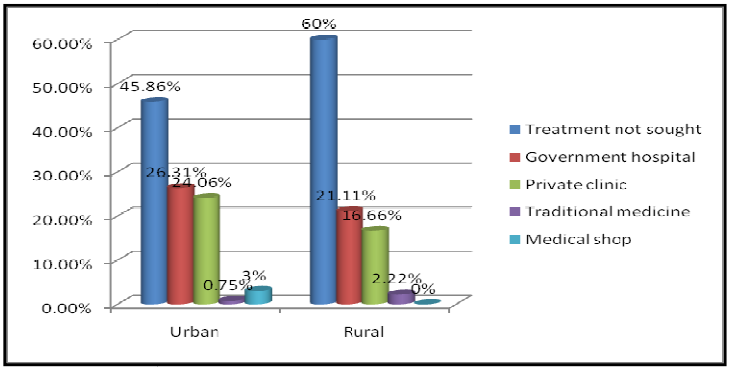

Figure 2: Health seeking behaviour

Reasons for not seeking treatment in study subjects

The most common reason for not seeking treatment in urban area was, 21 (34.4%) women considered the problem to be self limiting. Other reasons were shyness 17 (27.86%), fear of internal examination 13 (21.31%) and lack of female provider in the nearby health facilities14 (22.9%). Similarly in rural area, the most common reason was, 24 (44.4%) women considered the problem to be self limiting. Other reasons were no idea where to go 13 (24.07%), fear of internal examination 11 (20.37%) and lack of female provider in the nearby health facility (22.2%).

Table 2: Reasons for not seeking treatment in study subjects

Reasons for not seeking treatment	URBAN	RURAL

	n =61	%*	n =54	%*
Considered self limiting	21	34.4	24	44.4
Shyness	17	27.86	8	14.8
Indifference towards health	10	16.39	8	14.81
No idea where to go	7	11.47	13	24.07
Fear of internal examination	13	21.31	11	20.37
Economic reasons	3	4.91	8	14.8
Morning timing of OPD	6	9.83	9	16.6
Lack of female doctor	14	22.9	12	22.2
Home remedies	4	6.5	7	12.96

* Since participants gave multiple responses the total percentage would add up to more than 100.

DISCUSSION

The Community Needs Assessment Approach, clearly articulates the need to move beyond family planning and MCH services to also include services that address the reproductive health needs of women. In this regard, it is important to understand the varied gynaecological or reproductive health problems women generally experience and the nature of their treatment seeking behaviour for the same. The present study has attempted to understand some of the commonly experienced reproductive health problems of women. In urban slum, 60.45% of the women and in rural area, 68.18% of the study participants reported presence of one or more gynaecological morbidity (Figure 1). The findings were comparable to the metaanalysis done by Latha *et al*[4] in which 65 per cent to 84 per cent -- reported one or more gynaecological morbidities. But were higher than those found by Indra P. Kambo *et al*[5] (24.4%) and were less as compared to study done by Hiremath LD *et al*[6] (81.37%). This may be because the study population included women in urban slum and tribal area who are vulnerable population. Menstrual problems (33 to 59 per cent of respondents), excessive discharge (22 to 57 per cent) followed by low backache (5 to 39 per cent), were the most commonly reported problems in present study as well as in metaanalysis by Latha *et al*[4]. The wide variation in the prevalence of gynecological morbidity in different studies can be explained that India is a vast country with different cultures, taboos, health practices which influence the prevalence of reproductive morbidity. The average number of symptoms per symptomatic woman was 2.48 in urban and 2.36 in rural area which is lower than the findings by Bang R *et al* (3.6%)[7] but comparable with the finding observed in metaanalysis done by Latha *et al*[4] of the four community based studies conducted in Baroda, Mumbai and West Bengal which is 2.0 to 2.6.

Health seeking behaviour related to reproductive morbidity among study participants

In urban area, majority, i.e., 61 (45.86%) women did not seek treatment at all, 35 (26.31%) went to government hospital and 32 (24.06%) went to private hospital for treatment of reproductive morbidity. In rural area, 54 (60%) women did not seek treatment at all, 19 (21.11%) went to government hospital and 15 (16.66%) went to private hospital for treatment of reproductive morbidity. This suggests that many women retain their infections for long durations, which could mean they suffer more sequelae, and their partners are at greater risk of infection. A range of factors inhibits appropriate health seeking behaviour. A fundamental barrier is the asymptomatic nature of many infections. Even if noticed, symptoms are often considered "normal" and a "woman's lot", and are thus ignored. Symptoms of reproductive morbidities are either not considered serious, are considered self-limiting or simply a normal consequence of marriage and childbearing, and for all these reasons not severe enough to warrant attention. Thus, even when women recognize a symptom to be abnormal and causing discomfort, they often do not seek treatment readily. Comparable results were found in the study done by Bhanderi MN *et al*[8], in which only one third women sought consultation for gynecological diseases.

Reasons for not seeking treatment in study subjects

Around half of the study participants didn't seek any treatment for the gynaecological problem. The prevailing misconceptions regarding the gynaecological morbidity prevent these women to seek treatment from qualified doctors. The most common reason for not seeking treatment in urban area was, 21 (34.4%) women considered the problem to be self limiting. Other reasons were shyness 17 (27.86%), fear of internal examination 13 (21.31%) and lack of female provider in the nearby health facilities14 (22.9%). The other reasons were-indifference towards health 10 (16.39%), No idea where to go or from where to seek the treatment 7 (11.47%), economic reasons 3(4.9%), morning timing of OPD 6(9.8%) (As they are busy in household work in morning) and 4 women said that they took home remedies. Similarly in rural area, the most common reason was, the women considered the problem to be self limiting 24 (44.4%). Other reasons were, no idea where to go 13 (24.07%), fear of internal examination 11 (20.37%), lack of female provider in the nearby health facility (22.2%),

Few women mentioned shyness, indifference towards health, economic cost of treatment and morning timing of OPD as they have to lose their daily wage if they attend the morning OPD, were the factors due to which they did not seek treatment. 7 women said they took home remedies. Similar reasons were found in study done by Jasmin Helen Prasad *et al*[9].

CONCLUSION

The study indicates a surprisingly high prevalence of gynecologic morbidity among women of reproductive age group, including a high prevalence of menstrual disorders, RTIs/STIs and infertility among married women. Prevalence rate was more in rural area than in urban slum. Women tend to consider many symptoms as normal, do not seek treatment until discomfort is quite high and so apparently remain infected for a long time. Other reasons for not seeking treatment were shyness, fear of internal examination and lack of female provider in the nearby health facilities.

RECOMMENDATIONS

Women need accurate health education about gynecological and reproductive morbidity to reduce the stigma and embarrassment. Health services should be improved and made more accessible so that women feel comfortable in seeking treatment. Services should be delivered at times according to convenience of women. Health care personnel need to be trained to detect and treat gynaecological diseases that commonly occur in women of reproductive age with special emphasis on STI/RTIs.

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