Winter 8-1-2016

A cross sectional survey to assess the prevalence of gynaecological morbidity, treatment seeking behavior and perceived barriers for utilization of health care system among married women of reproductive age group in selected villages of Udupi District, Karnataka

LIDA MATHEW

"ABSTRACT

A research study titled, "A cross sectional survey to assess the prevalence of gynaecological morbidity, treatment seeking behavior and perceived barriers for utilization of health care system among married women of reproductive age group in selected villages of Udupi District, Karnataka" was conducted by Ms. Lida Mathew in partial fulfillment of the requirement for the degree of Master of Science in Nursing at Manipal College of Nursing, Manipal, Manipal University.

The objectives of the study were to determine the prevalence of gynaecological morbidity among married women of reproductive age, to identify the treatment seeking behavior among married women of reproductive age, to assess the perceived barriers for utilization of health care system among married women of reproductive age, to find the association between gynaecological morbidity and selected variables and to find the association between treatment seeking behavior and selected variables.

The conceptual frame work for the study was based on the Andersen`s Behavioural Model for Health Service Utilization. The research approach used in the study was survey approach. Research design used was descriptive cross sectional survey design. The samples of the study were 330 married women in the reproductive age group of 18 to 45 years residing in selected villages of Udupi District, Karnataka. Villages for this study were selected by simple random technique and subjects by purposive sampling technique.

        The data was collected using tools developed by researcher. Tool 1: Baseline Proforma, which consisted of 2 sections. Section A: Demographical Proforma and Section B: Tool on reproductive history. Tool 2 was dichotomous questionnaire on self- reported symptoms of gynaecological morbidity. Tool 3 was dichotomous questionnaire on treatment seeking behavior for gynaecological morbidity and Tool 4 was dichotomous questionnaire on barriers of utilization of health care system.

Content validity was established by giving the tools to 7 experts and modifications were made as per the expert's suggestions. The tools were translated to Kannada and retranslated back to English by language experts before administering. Tool was pretested among 5 married women aged between 18-45 years.

Reliability was done among 20 married women in reproductive age group. Reliability was determined for tools by test retest method and reliability coefficient (r) was 0.99 for tool 2, r = 0.96 for tool 3 and r =.0.90 for tool 4.

 Data was collected by administered the tools to 330 married women in the reproductive age group from selected villages of Udupi District, Karnataka. The analysis was done according to the objectives and hypotheses by using SPSS 16 version. The study result revealed that majority 86 (26.1%) of the study population belonged to the age group of 41-45 years. More than half of the women 271(82.1%) were Hindu and majority 151(45.8%) had completed High school education. Most of the women 273(82.7%) were housewives. Majority 185(56.1%) of the women had monthly income between 15001-25000 rupees and 326(98.8 %) were living with their spouse. Majority of the women belonged to nuclear family 262(79.4%).

 Majority 169(51.2%) of the women married between the age of 13-23 year. Majority 247(74.8%) of the samples have 1-2 children and majority 171(59.2%) of them underwent their first delivery between the age of 15-25 years. Regards to delivery, 188 (65%) women underwent only vaginal delivery, whereas 85(29.4%) women underwent only cesarean section. Majority 267 (92.4%) of the deliveries conducted in hospital, 14(4.8%) deliveries

conducted in PHC and 8(2.8%) women delivered at home. Only 59(20.4%) women practiced postnatal exercise. Majority of the women 183(63.3%) delivered their last child between the age of 26-35 years. More than half of the samples 206(62.4%) were not using any method of contraception and 93(28.2%) women had difficulty during delivery. Nineteen (5.8%) women had tested for Pap smear at least once.

Out of 330 married women, 219 women reported at least one symptom of gynaecological morbidity and the prevalence of gynaecological morbidity is 66.4%. Symptoms related to reproductive tract infections and symptoms related to dysfunctional uterine bleeding & menstrual disorders were most common, followed by the symptoms related to infertility, sexual problem and uterine prolapse .Majority 83(25.2%) of the women reported lower backache with excessive white vaginal discharge as a symptom of reproductive tract infection. For symptoms related to dysfunctional uterine bleeding & menstrual disorders, majority 60(18.2%) of the women reported unbearable pain during menstruation followed by 50(15%) women reported irregular menstruation. Thirty six (10.9%) women reported primary infertility. In symptoms related to sexual problem, majority 25(7.6%) of the women reported pain during intercourse. In symptoms of uterine prolapse, majority 10(3%) of the women reported feeling of something coming out from vagina as well as feeling of easiness when in lying position or passing 'gas' or 'noise' through vagina.

Among 219 women who reported symptoms of gynaecological morbidity, 140(63.9%) women sought some form of treatment, while 79(36.1%) women not sought any treatment. Among 140 symptomatic women who had received treatment, 63 (45%) women went to private hospital, 32(22.8%) women sought treatment from Ayurveda, sidda, unani, homeopathy, yoga or naturopathy, 14(10%) women took treatment from Nursing home, 8(5.7%) women took treatment from Primary Health Center/Community Health Center, 5(3.5%) women consulted general practitioners and clinics, 2(1.4%) women preferred self-treatment (home remedies) and 2(1.4%) women sought treatment from government hospital.

Out of 219 women who reported symptoms of gynaecological morbidity, 79(36.1%) women not sought any treatment and the major reasons for not taking treatment shows that 73 (92.4 %) women believed that these gynaecological symptoms are normal for women. The next major barrier identified was shyness 23(29.1%). Twenty two (27.8%) women did not know how to explain these symptoms to physician. Lack of money and high cost of service were the other barriers identified 15(19%). Eleven (13.9%) women did not take treatment because they did not understand the physician's language. Seven (8.9%) women didn't take treatment because they were not aware about the present health condition. Six (7.6%) women didn't take treatment because of lack of time to go for consultation.

There was significant association between gynaecological morbidity and selected variables like number of children ($\chi 2$ (df) = 24.215(2) p< 0.0001) and postnatal exercise practiced ($\chi 2$ (df) = 4.769(1)   p = 0.035). Hence research hypothesis was accepted with regard to these particular variables (number of children and postnatal exercise practiced).

There was no significant association between treatment seeking behavior and selected variables. Hence research hypothesis was rejected.

Based on the findings of the study it was recommended that:

• A similar study may be replicated on a large sample in other part of the country.

• A comparative study can be conducted between urban and rural area to find the treatment seeking behaviour for gynaecological morbidity.

• Qualitative research may be done to explore the barriers for not taking treatment for gynaecological morbidity

"