

Original Research Article

Gynecological Morbidity and Utilization of Health Services among Women of Reproductive Age Group

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ABSTRACT

Introduction: Gynecological morbidity constitutes the leading cause of ill health among the women of reproductive age group worldwide. In developing countries gynecological morbidity greatly affects the quality of life of women and these problems were ignored by woman herself and family. Therefore the objective of this study was to find out the gynaecological morbidity and utilization of health services among women of reproductive age group.

Methodology: Descriptive explorative research study was conducted among 150 women of reproductive age residing in the rural community of Jumla district. Samples were selected through purposive sampling technique. Data was collected by interview method. Descriptive as well as inferential statistics (Chi-square) were used to analyze the data.

Result: Findings of the study revealed that majority (70.0%) of the respondents experienced gynecological problem. Among them 72.4% experienced back pain and 66.7% experienced lower abdominal pain. More than half (51.4%) of the respondents sought treatment for their gynecological problems and 66.7% respondents went to hospital for treatment. Nearly half (48.6%) of the respondents had not sought treatment for their gynecological problems due to lack of felt need, lack of money and lack of time etc. Ethnicity, educational status as well as level of education were significantly associated ($p \leq 0.05$) with gynecological morbidity.

Conclusion: It is concluded that women of reproductive age group experience gynecological problems and only half of them seek treatment for their gynecological problems. About half of them do not seek treatment due to lack of felt need for treatment, and other reasons.

Key words: Gynecological Morbidity, Reproductive Age, Health Services Utilization

INTRODUCTION

Gynecological morbidity includes any condition, disease or dysfunction of the reproductive system which is not related to pregnancy, abortion or childbirth but it may be related to sexual behavior. ⁽¹⁾

Reproductive tract morbidities are one of the commonest reported disorders in women of child bearing age group. These are seen as a silent epidemic and are among the leading public health problems contributing

significantly to the gynaecological morbidity in India and other developing countries of the world. ⁽²⁾ The commonest reproductive tract infection among women is vaginal discharge. It is found to be very common in South Asian women. ⁽²⁾ Gynaecological diseases cover a range of conditions with a wide spectrum of lethality and chronicity and a substantial impact on women's quality of life. ⁽³⁾ Gynecological problems are not perceived as a serious

problem even by women with gynecological morbidity. As a result, women face serious social consequences in terms of marital disharmony, exclusion from social & religious life. Certain untreated condition like reproductive tract infection can cause pregnancy related complications, congenital infections, infertility and chronic pelvic pain. ⁽⁵⁾ These are complex problems and need to be address, the great problem is not only suffering from these problems but also women who had gynaecological problems didn't consider it is a significant health problem. ⁽⁶⁾ A study in village of Kathmandu showed that more than one third of the respondents experienced gynecological morbidity and service seeking was found to be very low for gynecological morbidity. Many women in Nepal are the unable to get the treatment of these problems due to their poor socio economic conditions. ⁽⁷⁾ Married women are often reluctant to seek health care advice because of lack of privacy, lack of female doctor at the health facility, cost of treatment. ⁽²⁾ Although a few studies have been conducted in this field, but most of them are based on information obtained from clinics or hospitals. Large proportion of women does not visit health facilities unless the disease becomes serious. ⁽³⁾ Now that access to reproductive health is quite close to universal, it is time that we start focusing our attention to gynaecological morbidities also. Yet, in our country, like in most other third world countries, there is lack of information on gynaecological morbidity and there are only few studies on the topic. ⁽⁷⁾ In Nepal there are very few study conducted in this topic. Therefore the researcher interested in this topic with purpose to find out the gynecological morbidity and utilization of health services among women of reproductive age group.

MATERIALS AND METHODS

Descriptive exploratory study was conducted among 150 women of reproductive age residing in the rural community of Jumla district of Karnali

Province of Nepal. The population of the study was women of reproductive age of Tatopani VDC ward no. 5 and 6 of Jumla district. The one hundred and fifty women of reproductive age were selected as study sample through non-probability purposive sampling technique. Women, who willing to participate in the study, available at the time of data collection period and within reproductive age group (15 to 49 years) were selected as participant of this study. Semi structure interview schedule was developed by researcher herself with help of literature review to measure study variables. It consists of socio-demographic characteristic, gynaecological morbidity and utilization of health services for gynaecological morbidity. Pretested semi-structured interview schedule was used for data collection. Data was collected through face to face interview technique at the home of the respondents. Gynaecological morbidity was identified from verbal response of presence of symptom of gynecological morbidity among participants. Ethical approval was obtained from Institutional Review Committee (IRC) of Nepalese Army Institute of Health Science (NAIHS), Sanobharyang Kathmandu. Written permission for data collection was obtained from Tatopani VDC. Before data collection, written inform consent was obtained from each respondent including the purpose, possible benefits and harms of the study.

Statistical Analysis

After completing data collection, all the data was edited, coded and entered in the software i.e. Statistical Packages for Social Sciences (SPSS) version 16. Data was analyzed by using the software SPSS version 16. The statistical methods i.e. descriptive as well as inferential statistics mainly chi-square test was used to analyze the data. P value was calculated to assess the association of gynaecological morbidity with socio-demographic characteristics of the respondents. P value of less than 0.05

was taken as significant association with variables.

RESULTS

The highest proportion (39.2%) of respondents belongs to age 20-29 years and least respondents (6.0%) were up to 19 years of age. The mean age and standard deviation was 30.92 ±8.661. Almost all (96.7%) of the respondents were married. About 54.7% respondents were dalit and others were brahmin and chhetri. All of the respondents followed Hinduism. Regarding educational status, nearly two third (63.3%) of the respondents were literate and about half (50.6%) of them had informal education and 45.3% respondents' occupation was agriculture (See Table 1).

In this study, out of 150 respondents, 70.0% respondents experienced gynaecological morbidity. Among them, the highest proportion of respondents experienced back pain (72.4%) and followed by lower abdominal pain (66.7%), abnormal vaginal discharge (63.8%), and difficult/painful urination (41%) (See Table 2).

Table 1 Socio-Demographic Characteristics of the Respondents n=150

Variables	Frequency	Percent
Age in group		
Up to 19 years	9	6.0
20 – 29 years	59	39.3
30 - 39 years	48	32.0
40 – 49 years	34	22.7
Marital status		
Married	145	96.7
Unmarried	2	1.3
Widow	3	2
Ethnicity		
Dalit	82	54.7
Chhetri	40	26.7
Brahmin	28	18.7
Religion		
Hinduism	150	100
Educational status		
Illiterate	55	36.7
Literate only	95	63.3
If Literate (n = 95)		
Informal education	49	51.6
Primary level	18	18.9
Secondary level	22	23.2
Higher secondary level and above	6	6.3
Occupation (n=150)		
House maker	61	40.7
Agriculture	68	45.3
Business	9	6.0
Services	5	3.3
Others	7	4.7

Mean Age: 30.92, Standard Deviation= ± 8.661

Among the total respondents who had experienced one or more gynaecological problems, more than half (51.4%) of the respondents sought the treatment of their problems. Among them, 33.3% respondents obtained information for treatment from their husband. Majority (66.7%) of the respondents had gone to hospital and rest of them had gone to other health institutions for treatment of gynaecological morbidity. About one third (33.3%) of the respondents visited the health institution for only one time (See Table 3).

Table 2 Prevalence of Gynaecological Morbidity of the Respondents

Variables	Frequency	Percent
Presence of gynecological morbidity (n=150)		
Yes	105	70.0
No	45	30.0
Symptoms of gynaecological morbidity * (n=105)		
Back pain	76	72.4
Lower abdominal pain	70	66.7
Abnormal vaginal discharge	67	63.8
Itching vulva-vagina	49	46.7
Difficult/painful urination	43	41.0
Something coming out from vagina	29	27.6
Dyspareunia	24	22.9
Abnormal vaginal bleeding	10	9.5
Continuous leaking of urine	8	7.6

* Multiple responses

Table 3 Utilization of Health Services for Gynaecological Morbidity

Variables	Frequency	Percent
Seeking treatment for gynaecological morbidity (n=105)		
Yes	54	51.4
No	51	48.6
Sources of information for treatment * (n=54)		
Husband	18	33.3
Radio/TV	16	29.6
Friends/relatives/neighbors	15	27.8
FCHV	13	24.1
Health worker	5	9.3
Mother in law	1	1.9
Type of health institution visited by respondents (n=54)		
Health post	15	27.8
Hospital	36	66.7
Doctor's clinic	3	5.6
Number of visit of health institution by the respondent (n=54)		
One visit	18	33.3
Two visit	12	22.2
Three visit	8	14.8
Four visit	2	3.7
More than four visit	14	25.9

* Multiple responses

Nearly half (48.6) of the respondents did not seek any treatment for gynaecological problems. The reasons for not seeking treatment were lack of felt need for treatment (78.4%), lack of money (43.1) and lack of time to go for health institution (39.2%) (See Table 4).

Only 42.6 % respondents were benefited from local transportation while rest of them used to go by foot and the time taken to reach health institution was about one hour by walking. During visit of health institution, almost all (98.1%) of the respondents met the health worker, 94.4% respondents said that health worker showed friendly/helpful behavior and 87.0% respondents told that health personal gave adequate advice and counseling. More than half (57.4%) of the respondents spent less

than two hours time in health institution and 68.5% of the respondents were able to afford the cost of health services. Majority (90.7%) of the respondents satisfied with the time given by the health personal.

While analyzing the association of ethnicity and educational status with gynaecological morbidity, it was found that most (86.6%) of the respondents who had gynecological morbidity were from dalit ethnicity. Most (87.3%) of the respondents who were illiterate suffered from gynaecological morbidity. Majority (70.1%) of the respondents who received up to primary level education had gynaecological morbidity. Ethnicity, educational status and level of education all are significantly associated with gynaecological morbidity (See Table 5).

Table 4 Reason for Not Seeking Treatment for Gynecological Morbidity

Reason for not seeking treatment* (n=51)	Frequency	Percent
Lack of felt need of treatment	40	78.4
Lack of money	22	43.1
Lack of time to go health institution	20	39.2
Lack of qualified health worker	8	15.7
Shyness to tell problem to male health worker	8	15.7
Far distance of the health institution	8	15.7
Lack of transportation facilities	5	9.8
Lack of self-decision making power within family	5	9.8
Unavailability of health worker	2	3.9

* Multiple responses

Table 5 Association of Ethnicity and Education with Gynecological Morbidity

Variables	Gynecological Morbidity		Chi-square value	P value
	Yes (n=105) Frequency (percentage)	No (n=45) Frequency (percentage)		
Ethnicity				
Brahmin	13 (46.4)	15 (53.6)	23.982	0.001*
Chhetri	21(52.5)	19 (47.5)		
Dalit	71(86.6)	11 (13.4)		
Educational Status				
Illiterate	48 (87.3)	7 (12.7)	12.338	0.001*
Literate	57(60.0)	38 (40.0)		
Level of Education	(n=57)	(n=38)		
Up to primary level	47(70.1)	20 (29.9)	9.757	0.002*
Above primary	10 (35.7)	18 (64.3)		

* p value < 0.05

DISCUSSION

Present study showed that majority (70.0%) of the respondents experienced gynaecological problems. Among the respondents who experienced gynaecological problems, 72.4% experienced back pain and followed by lower abdominal pain (66.7%), abnormal vaginal discharge (63.8%), itching

vulva/vagina (46.7%), difficult/painful urination (41.0%), dyspareunia (22.9%). The study in village of Kathmandu indicated that gynecological morbidity was reported by the forty percent women of reproductive age group. (7) Another study in Sindhupalchok Nepal, reported that 80.9% women had gynaecological problems and the highest prevalence rate of the disease

was low back pain (60.5%) followed by lower abdominal pain (35.2%).⁽¹⁴⁾ The findings was nearly similar to the findings of this study,

It may be due to similar study setting. The study in Rupendehi district Nepal, showed that the most common experienced symptoms were low back pain 32.6% and followed by vaginal discharge 26.7%, low abdominal pain 19.4%, itching around vagina 15.9%.⁽⁹⁾

Regarding the utilization of health services, about half (51.4%) of the respondents sought treatment for their gynaecological morbidity. Among the respondents who had gynaecological problems and sought the treatment for them, majority (66.7%) had gone in the hospital for treatment. Study in Surendranagar district indicated that the majority (75.3%) of women told treatment was necessary for gynaecological problems.⁽¹⁰⁾ Another study in Gujarat India reported that only 46% of participants sought treatment from any health facility for reproductive illnesses (including gynecological illnesses).⁽¹²⁾

Almost half (48.6%) of the respondents with gynaecological problems did not seek treatment in this study. The reasons given for not seeking treatment were; lack of felt need for treatment (78.4%), lack of money (43.1 %) and lack of time to go for treatment (39.2%). The study in Kashmir valley reported that 52.94% did not seek anywhere care or visited any health care facilities.⁽²⁾ The study in Gujarat India, the majority of respondents stated that “treatment was not necessary” (87%). Others cited financial constraints (28%), lack of time (26%), long distances from health facilities (19%), feeling that home remedies were sufficient (11%), no autonomy (9%), poor quality of care (8%), and no privacy in care (6%).⁽¹²⁾ Another study in Surendranagar district reported that about one fourth (24.7%) mention treatment should not be taken because of social and personal reason.⁽¹⁰⁾ The findings of this study was in agree with study done in Delhi reported that problem

perception and treatment compliance was poor for subjects with gynecological morbidity in compare with obstetric morbidity.⁽¹¹⁾

In present study, main decision maker of the family was husband and both (self/husband) in same percentage i.e. 35.6% and 6.7% respondents faced restriction for the treatment from their family members. It may be due to low socio economic status of the family and less priority is given for women’s problems in the society.

Regarding the factors related to utilization of health services, almost all (98.1%) of the respondents met the health worker during their visit of health institution and 94.4% of the respondents said that health personal showed friendly/helpful behavior with them. Majority (87.0%) of the respondents told that health personal gave adequate advice and counseling. More than half (57.4%) of the respondents spent less than two hours time in health institution and majority (68.5%) were able to afford the cost of health services. The study in Yemen showed that 60% of women reported that treatment was not affordable, and 43% had to sell assets or take out a loan to pay for care which is contradict with this study.⁽¹³⁾ The study in Gujarat, India revealed that i.e. providers’ poor attitudes, poor quality of services, and long waiting times were found to be the reasons for not utilizing health facilities.⁽¹²⁾

Regarding the association of ethnicity and educational status with gynecological morbidity, majority (86.6%) of the respondents who had gynecological morbidity was from Dalit ethnicity. Among the respondents who were illiterate and respondents who received up to primary level education had gynaecological morbidity. Ethnicity and educational status were significantly associated with gynaecological morbidity.

CONCLUSION

Based on the study findings, it is concludes that considerable proportion of

women of reproductive age group residing in hilly rural area experience gynaecological problems. About half of them do not seek treatment for their gynaecological morbidity. The main reason behind not seeking treatment is lack of felt need for treatment. Higher percentage of respondents of Dalit ethnicity experienced gynaecological morbidity than Brahmin and Chhetri. Similarly higher proportion of illiterate respondents suffered from gynaecological morbidity than literate respondents. There is a need to increase awareness about gynecological morbidity and timely treatment for prevention of complication from them.

ACKNOWLEDGEMENT

This study was funded by the UGC Nepal as a part of SRDI grants 2016 – 17. Authors are grateful to the UGC Nepal, Research division. This manuscript was prepared by the principal investigator for disseminating the information of the study.

Conflict of interest: None declared

Citation: Bharati M, Poudel SK, Rai G, Sapkota B. Gynecological morbidity and utilization of health services among women of reproductive age group. *International Journal of Health Sciences and Research*. 2019; 9 (1):

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How to cite this article: Bharati M, Poudel Sk, Rai G et.al. Gynecological morbidity and utilization of health services among women of reproductive age group. *Int J Health Sci Res*. 2019; 9(1):145-151.
