Study of various factors associated with utilization of health services for gynecology morbidity among married women in field practice area of community health centre, Rajapur (Gulbarga)

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Abstract

Introduction:

Female reproductive health particularly the gynaecological problems among women has received very little attention among health policy maker and programme planners. A multidisciplinary approach is required for the improvement in health status of women, particularly reproductive age group.

Objectives:

To asses the magnitude of gynecological problems in relation to their history, clinical examination. To find out utilization of health services among the woman with gynecological & related problems in the study area.

Materials and methods:

Design: Cross- sectional study.

Study area: Rajapur village field practice area M.R.Medical College Gulbarga. Population of Rajapur is 5000 spread over nearly in 850 familes. Family was taken as unit for study purpose. Estimated married were 580. The sample interval was taken as two.

Sample size: 290 married women. The information was collected in pre- tested proforma, gynaecological examination.

Results: In present study out of 290 women, 231 women who had one or other gynaecological morbidities, i.e., 85 (29.31%) women reported menstrual problems, 46 (15.86%) women had dysmenorrhoea, 103 (3.45%), 10 (3.45%), 10 (3.45%) had polymenorrhoea, oligomenorrhoea and menorrhagia respectively. Out of 231 women, who had one or more gynaecological morbidity on examination of which 184 (79.6%) women did not utilize health services. 28(12.2%) women received treatment from government hospital, 19 (8.2%) received treatment from private hospital. The relationship between the educational status of the women and treatment received by women was statistically significant.

Conclusion: To conclude, the gynaecological morbidity is one of the major health problem faced by the women which was observed with a high prevalence of 236 (81.37%) as perceived by women, 231 (79.7%) as confirmed with clinical diagnosis. Various factors like of knowledge, social taboos, poor social economic status, illiteracy, women's place in the society, inadequate facilities for care had made these gynaecological problems among women appear like an ice-berg.

Key words: Utilization of health services, Gynaecological morbidities, Married women

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Introduction

During last four decades ,there has been overall improvement in woman's health all over the world. More and more woman have access to education , marry later and are in tendency to have smaller families using contraceptives. These all contribute for a better reproductive health. But there is bitter fact also that 1.3 million woman still die each year of reproductive health related and largely preventable causes. In developing countries, the reproductive health problems represent one third of total disease load amongst woman of child bearing age[1]. Reproductive health of women in developed as well as developing countries is a serious public health problem. However, due to various factors like, lack of knowledge, social factors, attitude, practice and inadequate facilities for care make this problem appears like an ice berg. The magnitude of the reproductive morbidity is alarming and therefore it requires greater attention, resources and sincere efforts. There is not only urgent need for more effective measures but also require an evaluation strategy which may be less expensive yet effective and efficient.

Aim and Objectives

Aim

- To assess the gynecological morbidity in married women.

Objectives

To asses the magnitude of gynecological problems in relation to their history, clinical examination.

To find out utilization of health services among the woman with gynecological & related problems in the study area.

Materials and Methods

Materials

For the purpose of the present study it was decided to include the married women. The total population of Rajapur is 5000 spread over nearly in 850 families. Family was taken as unit for the purpose of the study. Systematic random sampling technique was used. Estimated married were 580. The sample interval was taken as two. So every second house was surveyed for collecting the data. If the house was locked the second house was taken for the survey work. The size of the sample was decided after considering the prevalence of gynaecological morbidity as 58 percent as reported by various workers. The formula given below was used to calculate the size of sample. According to the formula :

$N= 4pq/L^2$

N=sample size

P=probability of prevalence

Q=100minus prevalence rate(100-P)

L=allowable error taken as 10%

N=4X58X42/5.8X5.8

290 married women

Methods

A house to house visit was made in selected families. The nature, purpose and objective of the study were explained to her before hand to get maximum cooperation. The information so collected was jotted down in the pre-tested proformas. After collecting the information the cases were given thorough checkup including gynecological examination at community health training center.

Table 1. Distribution of Women According to Menstrual Problems Reported by Them

Menstrual problems	Number of women	Percentage
Dysmenorrhoea	46	15.86
Polymenorrhoea	10	3.45
Oligomenorrhoea	10	3.45
Menorrhagia	10	3.45
Hypomenorrhoea	09	3.10
No menstrual problem	205	70.69
Total	290	100

The above table shows that : Out of 290 women 85(29.31%) women reported menstrual problems. 46(15.86%) women had dysmenorrhoea, 10(3.45%), 10(3.45%), 10(3.45%),had Polymenorrhoea, oligomenorrhoea, Menorrhagia respectively, 9 (3.10%) women had hypomenorrhoea.

Table 2. Comparison between gynaecological problems perceived by women and gynecological morbidity found on clinical examination

Problems	As perceived by women				On clinical examination			
	Abnormal		Normal		Abnormal		Normal	
	No	%	No	%	No	%	No	%
White discharge per vagina	157	54.10	133	45.9	196	67.58	94	32.41
Dyspareunia	13	4.5	277	95.5	10	3.4	280	96.6
Mass/ Vagina	07	2.41	283	97.6	40	13.8	250	86.2
Lower abdominal pain with fever	59	20.3	231	79.7	40	13.8	250	86.2
Low back pain	136	46.9	154	53.1	90	31.0	200	69.0
Swelling in breast	08	2.8	282	97.2	01	o.3	289	99.7
Menstrual problem	85	29.31	205	70.7	55	19.00	235	81.00

The above table shows that : Out of 290 women white discharge per vagina was complained by 157 (54.10%) women, however 196 (67.58%) women had one or other gynaecological problems on examination. Something coming out of vagina was reported by 7 (2.4%) women but on examination 40 i.e (13.8%) women had same problem on examination. Lower abdominal pain with fever , low backache was reported by 50(20.3%),136(46.9%)) respectively. However on clinical examination 40(13.8%), 90(31.0%)women were to found have morbidity. 8(2.8%) women complained of swelling in the breast but on clinical examination only 1 (0.3%) women had lump in the breast. Menstrual problems were reported by 85 (29.31%) women. On examination 55(19.0%)women were found to have gynaecological problems.

Table 3. DISTRIBUTION OF WOMEN ACCORDING TO UTILIZATION OF HEALTH SERVICES

Utilization of health services	Number	Percentage
Govt, Hospital	28	12.2
Private hospital	19	8.2
Not utilized	184	79.6
Total	231	100

The above table shows that : 231 women who had gynecological morbidity among them 184 women not utilized health services, 28(12.2%) women received treatment from government hospital, 19(8.2%) received treatment from private hospital.

Table 4. Distribution of women according to their educational status and treatment received

Education-al status of women	Treat--ment received	Treatment not received	Total			
	No	%	No	%	No	%
Illiterate	20	15.9	106	84.1	126	100
Primary	10	17.6	41	80.4	51	100
Secondary	07	19.4	29	80.6	36	100
Higher secondary	09	53	08	47	17	100
Degree	01	100	00	0.0	01	100
Total	47	20.4	184	79.6	231	100

$X^2 = 15.32$ $P < 0.05$(significant)

The above table shows that: Out of 231 women 47(20.4%) received treatment. The distribution of women who received treatment for gynecological morbidity were 20(15.9%) women out of 126 illiterates, 10(17.6%) out of 51 primary, 7(19.4%) out of 36 women who had secondary education and 1(100%) who was a degree holder. The relationship between educational status of women and treatment received was statistically significant.

Table 5. Distribution of Women according to the Educational Status of

Educational status of husband	Treatment for gynecological problems among women				Total	
	Treatment received		Treatment not received			
	NO	%	No	%	No	%
Illiterate	21	19.5	91	80.5	113	100
Primary	06	19.4	25	80.6	31	100

Secondary	09	20.9	34	79.1	43	100
Higher secondary	04	23.5	1 3	76.5	17	100
Degree	07	31.8	15	68.2	22	100
Total	47	20.8	179	79.2	226	100

Husband's and Treatment Received

*5 cases are excluded from this table at they were widows. X^2 = 2.016 P > 0.05(insignificant). The above table shows that : Out of 226 women with gynecological morbidity, 179 women did not receive any treatment. Out of 47 women, who received the treatment,considering the educational status of their husband, highest percentage was seen in degree holders i.e. 31.8% followed by 23.5%, 20.9%, 19.4% and 19.5% who had higher secondary, secondary, primary and illiterate respectively that is in decreasing order. The relationship between educational status of the husband and treatment received by women was statistically insignificant.

Discussion

In present study 231 women who had one or other gynecological morbidity on examination of which 184 (79.6%)women did not utilize health services. 28 (12.2%) women received treatment from Government hospital,19 (8.2%) received treatment from private hospital (Table 3). Out of 231, 47 (20.4%) women received treatment. The distribution of women who received for gynecological morbidity were 20(15.9%)out of 126 illeterates,10 (17.6%) out of 51 Primary,7(19.4%)out of 36 women who had secondary education, 9(53%) out of 17 higher secondary and 1 (100%) who was a degree holder (Table 4) the relationship between educational status of women and treatment received was statistically significant. In present study out of 231 women 5 women were widows. Out of 226 women with gynecological morbidity, 179 women did not receive any treatment. Out of 47 women, who received the treatment considering the educational status of their husband, highest percentage was seen in degree holders i.e,31.8% followed by 23.5%, 20.9%, 19.4% and 19.5% who were higher secondary, secondary, primary and illiterate respectively. The relationship between educational status of the husband and treatment received by women was statistically insignificant (Table 5).

Tania - Nayar Misra et al., (1993)[2] in a study in urban areas of New Delhi found that even though more than 95% women interviewed were symptomatic,only 67% of them sought treatment. The commonest place of treatment was the local doctors.

Jagadish. C.Bhatia et al (1995)[3] in a study conducted in Karnataka state found that majority of women who had sought treatment used private source of medical care. About 30% women had used the service available at Governmant hospital. Malabika Roy et al., (2000)[4] in a study carried out in a urban slum of Delhi on women in a 15-45 years of age to asses their perception and practices regarding treatment, only 18% of them felt the need to seek treatment. They also took their partners for checkup. Women also indicated that they went to the doctors only when the problem was continuous and irritating i.e. 2-3 months after the initial onset of symptoms. Women prefer to go to non governmental organization working in the area or private practitioners rather than to government hospital.

Therefore in majority of the studies including my study show that there is an improved interest for treatment at an earlier stage of the disease among the women who were literate than illiterates. The need and knowledge regarding the treatment is high as the educational status improves. The role of husband's education in getting the wife treated for ailments is not significant.

Various factors like lack of knowledge, social taboos, poor social-economic status, illiteracy, women's place in the society, inadequate facilities for care had made these gynecological problems among women appear like an ice-berg. One would not afford to forget with the increasing population and women being the most vulnerable group, recognition of her health needs make this as a major public health problem.

Conclusion

To conclude, the gynaecological morbidity is one of the major health problem faced by the women which was observed with a high prevalence of 236(81.37%) as perceived by women, 231(79.7%) as confirmed with clinical diagnosis. It shows that this has not received an appropriate attention particularly in developing countries which are engaged in facing communicable diseases and other important unmet health needs. Now it should be realised that the mothers health particularly the gynecological

problem no more be neglected and should be given highest priority.

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