

Prevalence and Health Seeking Behaviour among Women of Reproductive Age Group Regarding Reproductive Health and Morbidities

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Abstract— The past decade has witnessed the emergence of an increased interest in women's reproductive health and development related programme to improve reproductive health across the globe. In rural area the lack of awareness and health facilities in turn leads to high incidence of STD/RTI's. **Aim:** The objective of the study was to assess the prevalence and health seeking behavior regarding reproductive health and morbidities among women of reproductive age group and the correlation between both variables. **Methods:** A quantitative research approach and descriptive research design was adopted to assess the baseline prevalence and health seeking behavior among 44 reproductive age women residing in selected areas of District Jalandhar. A self structured tool was used to collect the data. Tool was categorized in to three sections, socio demographic variables, check list to assess the reproductive health and morbidities, 3 point rating scale to explore the health seeking behavior. **Results:** Percentage distribution in prevalence rate of reproductive morbidity was 40.9% is and health seeking behavior was 27.5%. Mean overall reproductive morbidity prevalence score was 17.05 and mean health seeking behavior score was 40.70. There was a negative correlation between prevalence of reproductive morbidities and health seeking behavior among women of reproductive age group. **Conclusions:** The study concluded that majority of women were practicing unsatisfactory health seeking behavior and had high prevalence rate of reproductive morbidities.

Keywords— Prevalence; health seeking behaviour; reproductive morbidities.

I. INTRODUCTION

The prevalence of RTIs in India is very high 40% and treatment for RTI is extremely low (33%) of suffering women. Strict enforcement statutory age at marriage for girls would not only reduce fertility and pregnancy wastage but would result in to positive extremities like alleviation of reproductive morbidity in India (Gulati.S.C, Alok.R Chaurasia & Raghubansh M .Singh)¹

A cross sectional study was carried out in 4090 women both rural and urban attending the peripheral Government clinics of Delhi to enumerate their self reported reproductive tract infection and symptoms. the overall self reporting morbidity was 65% and the percentage of women with some STD related syndromes 71.4%. the rural women were observed to have significantly more STD syndrome than urban and this study highlights the need for the introduction and /or strengthening facilities for simple diagnostic tests for STDs/RTIs especially at the peripheral health care level.(Ray.K.2009)²

Sihavong. A has revealed in a qualitative study that participants had a variety of misconceptions about the causes and symptoms of RTIs/STDs and a reluctance to seek health care which could cause delay in appropriate diagnosis and treatment and adding that the main reasons for not going to health facilities were fear of social discrimination or shyness of genital examination.³

Socio economic factors such as poor literacy and awareness, dominance of in-laws and husband, poverty, early marriage, overall standard of living, residing area and

women's decision making power account for less treatment seeking behaviour among women in Uttar Pradesh. In addition, past experiences of insensitive staff, disrespectful behaviour, no medicine and poor quality services discourage pregnant women and their families to seek institutional care (Gunjan Rastogi 2012)⁴

The objectives of the study are 1. To assess the self reported prevalence and health seeking behaviour regarding reproductive health and morbidities among women of reproductive age group.2. To correlate the reproductive morbidity prevalence and health seeking behaviour among women of reproductive age group.

II. METHODOLOGY

A Quantitative research approach and descriptive research design was used to carry out the study on 44 women of reproductive age group who were residing at Village Ramgarh, Tehsil Phillaur, District Jalandhar. The sample was selected by purposive sampling technique. The data was collected by using self structured socio demographic sheet, check list to assess the reproductive morbidities and 3-point rating scale to assess the health seeking behaviour

Criterion Measurement of reproductive morbidity prevalence check list

Score	Levels of morbidity
0-18	Low Prevalence
18-30	High Prevalence

Criterion measurement of Health Seeking Behaviour

0-35-	Unsatisfactory Health seeking behaviour
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35-70 Satisfactory Health seeking behaviour.

Tool was finalized by content validity from experts of various fields and translated in to local language. Reliability and validity of the tool was obtained.

III. RESULTS

The data was analyzed as per objectives of the study by using descriptive and inferential statistics. The data was organized and presented under the following sections.

SECTION I: Frequency and percentage distribution of demographic variables of reproductive age women.

SECTION II: Mean score and Standard deviation of reproductive morbidity prevalence score and health seeking behavior among women of reproductive age group.

SECTION III: Correlation between reproductive morbidity prevalence and health seeking behavior among women of reproductive age group.

The findings of the study revealed that majority of women were in the age group of 26-33 years, having educational status of secondary (9th & 10th) belonged to Sikh religion and living in nuclear family. Majority were in upper lower class socio economic status and having 2 children, using barrier method as family planning method.

40.9% women were in the category of high prevalence in reproductive morbidity and 86.4% were practicing un satisfactory health seeking behavior.

The mean and SD of reproductive morbidity prevalence score was 17.05±3.235 and mean and SD of health seeking behavior score was 40.70±6.465.

There was a significant negative correlation (-.589) between reproductive morbidity prevalence and health seeking behavior among women of reproductive age group. Lower the health seeking behavior, higher the reproductive morbidity prevalence.

TABLE 1: Frequency and percentage distribution of reproductive morbidity prevalence among women of reproductive age group

Levels of prevalence	f	f%
High prevalence	18	40.9
Low prevalence	26	59.1

Minimum reproductive morbidity score=0
Maximum reproductive morbidity score=30

TABLE 2: Frequency and percentage distribution of health seeking behaviour among women of reproductive age group

Levels of health seeking behaviour	f	f%
Satisfactory	06	61.36
Un satisfactory	38	86.4

Minimum health seeking behavior score=0
Maximum health seeking behavior score=70

TABLE 3: Mean and SD of reproductive morbidity prevalence score and health seeking behavior

Variables	Mean ±SD
Reproductive morbidity prevalence	17.05±3.235
Health seeking behavior	40.70±6.465

Minimum reproductive morbidity score=0
Maximum reproductive morbidity score=30
Minimum health seeking behavior score=0
Maximum health seeking behavior score=70

TABLE 4: Correlation between reproductive morbidity prevalence and health seeking behavior among women of reproductive age group.

Variables	r
Reproductive morbidity prevalence score Health seeking behavior score	-.589**

**-. Correlation is significant at 0.01 level

IV. CONCLUSION

The study concluded that there was a high prevalence rate of reproductive morbidity among the women of reproductive age group who were following unsatisfactory health seeking behavior. According to the self reported symptoms Reproductive health promoting strategies are to be developed and educated to improve the health seeking behavior. So that there will be a positive effect on reproductive health and reduction in reproductive morbidities among women of reproductive age group.

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