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Reproductive tract morbidities and health-seeking practices among married women in a selected urban area from Bangalore

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Abstract
Background: Reproductive tract morbidities are common among married women and cause serious threats to their health and wellbeing. It accounts for 36.6% of other diseases globally.
Objectives: To determine the reproductive tract morbidities and health-seeking practices among married women in a selected urban area from Bangalore.
Methods: A quantitative research approach with a descriptive research design was used in an urban area of Tavarekere, Bangalore. A convenient sampling technique was used to select 300 samples. A checklist was used to assess the prevalence of reproductive tract morbidities and health-seeking practices among married women.
Results: The majority of the subjects were suffered from abnormal vaginal discharge 176 (58.7%) followed by low backache 136 (45.3%). 124 (41.3%) of them were not taken any sort of treatment and 96 (32%) of them took treatment from Government hospitals for their reproductive tract morbidities. Regarding the type of medicine 123 (41%) of them have used allopathy. There is a significant relationship between reproductive tract morbidities and health-seeking practices among married women at $P<0.05$ level.
Conclusion: The study concluded that the prevalence of reproductive tract morbidities is common and the health-seeking practices were lower among married women.

Keywords: reproductive tract morbidities, health-seeking practices, married women

Introduction
Reproductive tract morbidities are a major public health issue as well as a social problem [1] and a leading cause of morbidity among women in developing countries [2]. Globally it is estimated that every day nearly one million people get new reproductive tract morbidity [3]. This is rank second as a cause of healthy life loss among women in the reproductive age group [2]. Various factors influencing the occurrence of reproductive tract infections (RTIs) include socio-economic status, place of residence (urban/rural), poor hygiene, intrauterine device (IUD) insertion, extramarital sexual relationships, non-use of condoms, and male substance abuse [4].
RTIs may be either symptomatic or asymptomatic, if left untreated it may lead to serious complications such as infertility, ectopic pregnancy, and increased vulnerability to the transmission of HIV [2, 5]. These complications are among the most important causes of illness and death for women in poor regions of the world [5]. Women who were young, less educated, or economically disadvantaged, or who belonged to socially excluded groups were less likely took treatment than their counterparts [6]. Despite the fact of this, they do not have the decision-making power to determine when they are to start a family and at what time intervals, they will have children [7, 8].
Women tend to consider many symptoms as normal, do not seek treatment until the discomfort is quite high and so apparently remain infected for a long time [9]. They hesitate to discuss their reproductive health problems especially due to shame and embarrassment [2]. Health-seeking practices depend upon the perceptions of individuals and they may neglect and do not seek treatment for their problem. Early recognition of symptoms, presentation to health facilities, and complaints with effective treatment will reduce the spread of treatable RTI [1].

Need for the study
WHO reported that nearly one-third of adult women lost their healthy life because of

reproductive health problems [8]. National family health survey estimates nearly 4 out of 10 currently women in India reported at least one reproductive health problem that could be symptomatic of a more serious but only 3 out of 10 women suffering from symptoms take treatment [9, 10]. In India, the annual incidence of RTI estimated is about 5% [5]. Consequently, the prevalence rate of RTIs in various states of India was 19% to 71% [7]. Whereas urban (42.3%) and rural (42%) areas [11]. Even in India we have well-established RCH program but still [8] a very small portion of the people (5-10%) suffering from the disease attend government health facilities due to existing taboos and reluctance regarding sexual and reproductive health [2]. Despite the availability of low cost and appropriate technologies to manage reproductive tract morbidities in the primary health care setting, most of the women were not utilizing it properly [12].

There is a need to educate women about the symptoms of RTI their prevention and the importance of timely treatment in both urban and rural areas [11]. Health services should be improved and made more accessible so that early detection and management [1] makes women feel comfortable in seeking treatment [9]. Reproductive health of the women is important due to its implications for women's health, the health of their children, family members, and society. Despite being a serious public health issue, studies on the prevalence of RTIs symptoms coupled with health-seeking practices are limited [3]. Hence the researcher is interested to conduct a study on reproductive tract morbidities and health-seeking practices among married women in selected urban areas from Bangalore.

Statement of the problem

A descriptive study to assess the reproductive tract morbidities and health-seeking practices among married women in a selected urban area from Bangalore.

Objectives

1. To determine the prevalence of reproductive tract morbidities among married women.
2. To assess the health-seeking practices for reproductive tract morbidities among married women.
3. To find the relation between reproductive tract morbidities and health-seeking practices among married women.

Methodology

The investigator was used a quantitative research approach with a descriptive survey design. The study was conducted in Tavarekare urban area from Bangalore. 300 married women were selected by convenient sampling technique using the formula $n = [Z^2 \alpha/2 P (1-P)]/\varepsilon$ [2]. The criteria for sample selection were women who are married and between the age of 18-45 years and willing to participate in the study. The exclusion criteria were unmarried women between 18-45 years of age. Before conducting the study, approval was obtained from the concerned authority, and written informed consent was obtained from each participant. The tool developed and used for data collection were demographic characteristics, reproductive information, reproductive tract morbidity checklist, and health-seeking practice checklist. Validation was obtained from the experts and internal consistency reliability was checked by Cronbach alpha ($\alpha = 0.72$, $\alpha = 0.86$). A pilot study was done and the necessary modifications were updated.

Result and Discussion

Section A: Demographic characteristics

Among the participant's age most of them 134 (44.7%) belonged to the age group of 26-35 years remaining 120 (40%) were belongs to 36-45 years and 46 (15.3%) were belongs to 18-25 years. Concerning education 89 (29.7%) of them were educated up to PUC remaining 70 (23.3%) were at the primary education level and 67 (22.3%) of them were graduated and 54 (18%) of them were at the metric level education and 20 (6.7%) of them were illiterate. Regarding occupation majority of them 161 (53.7%) were not employed followed by daily wages were 69 (23%), private sector employees were 59 (19.7%), and public sector employees were 11 (3.7%).

About religion 128 (52.7%) of them belonged to the Hindu religion followed by Muslims were 98 (32.7%) and Christians were 72 (24%) and others were 2 (0.7%). Regarding the type of family 241 (80.3%) of them were from nuclear family and 58 (19.3%) of them were from joint family and extended family was 1 (0.3%). Concerning family income, 111 (37%) of them had > Rs. 20,000 and 89 (29.7%) of them had Rs. 15,001- 20,000 and 61 (20.3%) of them had Rs. 10,001-15,000 remaining 39 (13%) of them had < Rs. 10,000. Regarding marital status 285 (95%) of them were married and living together and 8 (2.7%) of them were divorced remaining 7 (2.3%) of them were separated.

Section B: Reproductive information

Among the participant's 164 (54.7%) had regular menstruation and 136 (45.3%) of them had irregular menstruation. Regarding abortion 98 (32.7%) of them had a history of abortion. Concerning parity 134 (44.7%) of them had 2 children and 75 (25%) of them had one child and 69 (23%) of them had more than 2 children and 22 (7.3%) of them does not have children. Most of them i.e., 168 (56%) were using anyone method of contraception which includes tubectomy 86 (28.7%), IUDs 38 (12.7%), condoms 23 (7.7%), oral pills 21 (7%) remaining 132 (44%) not applicable. Regarding mode of delivery 187 (62.3%) of them had a normal vaginal delivery and 92 (30.7%) of them had cesarean section and 21 (7%) of them not applicable.

A similar finding was supported by Gawande KB *et al.*, (2018) [4] vaginal discharge 59 (22.26%) was the commonest symptom reported by the study subjects, 7 (2.64%) had foul-smelling vaginal discharge. Other symptoms were vulval itching 21 (7.92%), low backache 19 (7.16%), burning micturition 16 (6.03%), inguinal swelling 4 (1.50%), cervical prolapse 3 (1.13%), and infertility reported by 2 (0.75%) of study subjects.

Table 1: Health seeking practices among married women

S. No.	Health seeking practices	n (%)
1.	Government hospital/PHC	96 (32%)
2.	Private practitioner	80 (26.7%)
3.	None	124 (41.3%)
Type of medicine		
1.	Ayurveda	15 (5%)
2.	Allopathy	123 (41%)
3.	Homeopathy	28 (9.3%)
4.	Home remedy	8 (4%)
5.	Faith healer	2 (0.7%)
6.	None	124 (41.3)

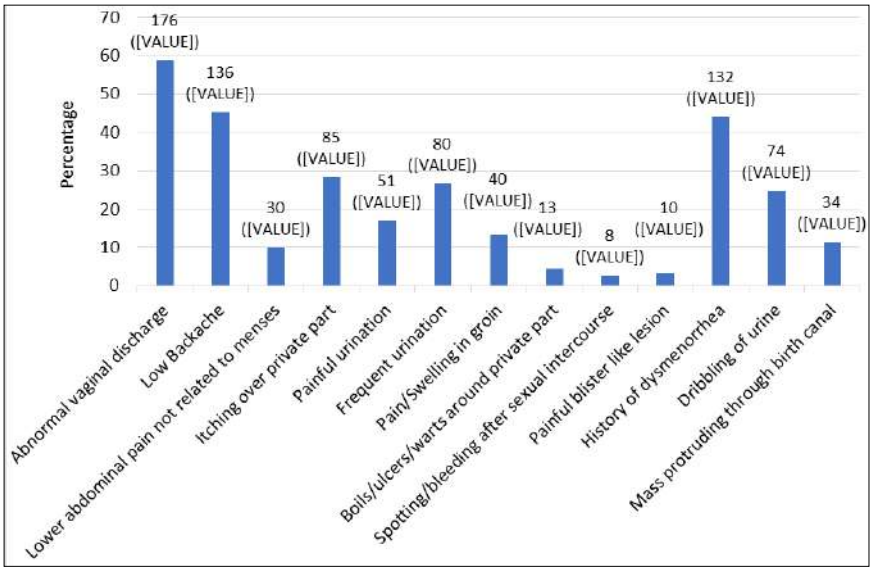

Fig 1: Reproductive tract morbidities among married women

Table 1 shows that 124 (41.3%) of them were not taken any sort of treatment for reproductive tract morbidities and 96 (32%) of them took treatment from Government hospitals/PHC and 80 (26.7%) took treatment from private sectors. Regarding the type of medicine 123 (41%) of them were followed allopathy and 28 (9.3%) of them were followed homeopathy and 15 (5%) of them were followed Ayurveda and 8 (4%) of them were followed home remedies and only 2 (0.7%) were followed, faith healers.

A similar finding was supported by Sharma D *et al*., (2018) [3] only 56 (57.1%) sought treatment for their problem. The government hospital was the preferred place for seeking treatment 37 (66%).

Table 2: Relationship between reproductive tract morbidities and health-seeking practices

	Health seeking practices	U value	P-value
Reproductive tract morbidities		9629	0.054*

*Significant at $P<0.05$ level

Table 2 Mann Whitney U test between reproductive tract morbidities and health-seeking practices. It shows that women were having more reproductive tract morbidities followed health-seeking practices at $P<0.05$ level.

Conclusion

The findings of the study showed that the majority of the participants had abnormal vaginal discharge 176 (58.7%) followed by low backache 136 (45.3%). Most of them took treatment from Government hospital/PHC 96 (32%). Regarding the type of medicine 123 (41%) of them were opted for allopathy. Women were having more reproductive tract morbidities followed health-seeking practices at $P<0.05$ level.

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Conflict of interest

The authors declare no conflicts of interest.

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