



REPRODUCTIVE HEALTH PROBLEMS AND TREATMENT SEEKING BEHAVIOR AMONG ADOLESCENT GIRLS OF UHTC FIELD PRACTICE AREA, GOVT. MEDICAL COLLEGE, BHAVNAGAR

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ABSTRACT

Background: Within the family, compared to boys, the 'adolescent girls' health, nutrition, education & development are more neglected and it has adverse effect on reproductive health. This study was conducted to assess awareness about reproductive health among adolescent girls & to study prevalence of reproductive health problems & treatment seeking behavior among adolescent girls for Reproductive Tract Infections (RTIs).

Materials & methods: Community based cross sectional study was conducted among 532 Adolescent girls during February 2014 to August 2014. Data was collected by pretested prestuctured questioner.

Results: One or more symptoms of reproductive tract infections were found among 36.65% adolescent girls amongst them vaginal discharge was most common among 81(41.53%) girls. Only 12.83% girls sought treatment for RTI. Age of girl, educational status of girl, religion & socioeconomic class have association with development of reproductive tract infection. (p<0.05)

Conclusion: Prevalence of RTI among adolescent girls is 36.65%. Treatment seeking behavior is found in only 12.83% among them. Sociodemographic factors have impact on developing reproductive tract infection.

Keywords: Adolescent Girl, Reproductive Tract Infection (RTI), Treatment seeking behavior

INTRODUCTION

The World Health Organization (WHO) defines "an Adolescent as an individual between 10-19 years of age"¹. There are about 1.2 billion adolescents, a fifth of the world's population, and their numbers are increasing. Four out of five live in developing countries².

The South-East Asia Region (SEAR) of WHO has about 350 million adolescents comprising about 22% of the population³. In India there are total 253.2 million adolescents which contribute 23% of total population⁴.

Within the family, compared to boys, the 'adolescent girls' health, nutrition, education & development are more neglected which has adverse effect on reproductive health. So many girls are out of school & after that they have limited choices available for the future & they caught in the cycle of early marriage, pregnancy, childbearing, sexually transmitted infections (STIs), reproductive tract infections (RTIs) and the rapidly rising incidence of Human Immune Deficiency Virus (HIV) infection in this age group⁵.

Most adolescent girls in India have little knowledge of menstruation, sexuality & reproduction⁶. It

leads to increase chances of reproductive tract infection & their consequences like infertility, ectopic pregnancy, pregnancy wastage, low birth weight. With this background this study was conducted with following objectives.

OBJECTIVES

This study was conducted to assess awareness about reproductive health among adolescent girls & to study prevalence of reproductive health problems & treatment seeking behavior among adolescent girls for Reproductive Tract Infections

MATERIAL & METHODS

Community based cross sectional study was conducted in UHTC Field Practice Area of Govt. Medical College, Bhavnagar among Adolescent girls during February 2014 to August 2014. The Prevalence of different reproductive health problems among adolescent girls shows wide variation. According to DLHS -3 data on an average prevalence of reproductive health problems found to be 45.2 %7. Hence with this prevalence, 10% allowable error, 95% level of confidence & 10% dropout rate give us the final sample size of 532. After obtaining permission of Institutional Review Board of Govt. Medical College, Bhavnagar data collection was started. List of total 28 Anganwadis was taken from UHTC. Each Anganwadi was visited to obtain list of total registered adolescent girls (1570). After getting the list adolescent girls were selected by Simple random sampling method (lottery method) till desired sample size is obtained. After introducing myself & explaining purpose of the study data was collected by pretested prestuctured questioner by maintaining proper privacy after obtaining written consent from the study subjects (from parents in case of minors). Pretested prestuctured questioner was used for the data collection. Information about reproductive health problems, symptoms, treatment seeking behavior of girls was collected. Information about barriers which prevent them to seek treatment was also collected. Modified Kuppuswamy classification was used for socioeconomic status of study population. Data entry and analysis was done in Epi info version 7.0. Frequency & appropriate statistical test were applied.

RESULTS

Table 1 shows, majority of the girls (63.72%) girls were aware of reproductive organs. Half of the girls (46.24%) had heard about RTI. Newspapers/books were the major a source of information (44.30%).

Table 1: Knowledge about Reproductive Tract Infection (N=532)

Variables	Adolescent (%)
Aware of reproductive organ	
Yes	339 (63.72)
No	193 (36.28)
Heard about RTI	
Yes	246 (46.24)
No	286 (53.76)
Source of knowledge of RTI (n=246)	
Newspaper/books	109 (44.3)
Relative/friend	53 (21.54)
Teacher	32 (13)
TV/radio	21 (8.57)
Doctor/health worker	18 (7.31)
Seminar/lecture	13 (5.28)

Table 2: Symptoms wise distribution of girls having Reproductive Tract Infections (n=195)

Symptoms wise distribution of girls	Cases (%)
Vaginal Discharge	81 (41.53)
Genital Itching	63 (32.33)
Burning Micturition	49 (25.12)
Genital Ulcer	1 (0.51)
Lower Abdominal Pain	1 (0.51)
Total	195 (100)

Table 3: Reasons for not taking treatment for Reproductive Tract Infections (n=170)

Reasons for not taking treatment for RTI	Cases (%)
Shyness	95 (55.88)
Financial constraint	65 (38.23)
Lack of awareness	10 (5.89)

Out of the total 532 girls, 195 (36.65%) of girls were suffered from one or any other symptoms of RTI.

Out of total 195 girls having RTI, complain of vaginal discharge was commonest among 81 (41.53%) girls. Out of 195 girls who had RTI, only 12.83% girls sought treatment.

Table 3 shows that out of total 195 girls who had RTI, 170 girls didn't approach any health facility for the treatment due to various reasons like shyness in 95(55.88%) girls, financial constraint among 65 (38.23%) girls & lack of awareness among 10 (5.89%) girls.

Table 4 shows that late adolescent age group girls prevalence of reproductive tract infection was high among late adolescent age group as compared to middle & early adolescent age group girls. Prevalance was also high among school dropout as compared to those who were educated. Table also shows that muslims were more prone to RTI as compared to hindus.

Table 5 shows that treatment seeking behavior was more among hindu girls as compared to Muslims. Treatment seeking behavior was more among up-

per socioeconomic class girls as compared to lower socioeconomic class. It was also observed that treatment seeking behavior was more among those who were educated as compared to those who were school dropout.

Table 4: Impact of Sociodemographic variables on Reproductive Tract Infections (N= 532)

Variables	Presence of Reproductive Tract Infections		Odd's ratio (95% CI)
	Yes [^] (N=195)	No [^] (N=337)	
Age			
early adolescent#	55(28.20)	70(20.77)	1*
middle adolescent@	61(31.28)	182(54)	0.42(0.27-0.67)
late adolescent\$	79(40.51)	85(25.22)	1.18(0.74-1.88)
Education of girls			
School dropout	87(44.61)	76(22.55)	1*
Primary	47(24.10)	58(17.21)	0.70(0.43-1.15)
Secondary	32(16.41)	106(31.45)	0.26(0.15-0.43)
Higher secondary	27(13.84)	83(24.62)	0.28(0.16-0.48)
College	2(1.02)	14(4.15)	0.12(0.02-0.56)
Religion			
Muslim	105 (53.84)	113(21.24)	2.31(1.61-3.31)
Hindu	90(46.15)	224(42.10)	1*
Socioeconomic class			
Upper (I, II)	4(2.05)	36(10.68)	0.17(0.06-0.49)
lower (III, IV, V)	191(97.94)	301(89.31)	1*

*Reference group for OR; ^Figure in parenthesis indicate percentage; #10 to 13 years; @14 to 15 years; \$16 to 19 years

Table 5: Impact of socioeconomic factors on treatment seeking behavior for RTI (n=195)

Variables	Treatment seeking behavior for RTI		OR (95% CI)
	Yes (%)	No (%)	
Religion			
Hindu	18(72)	72(42.35)	3.5 (1.38-8.82)
Muslim	07(28)	98(57.64)	1*
Socioeconomic class			
Upper(I,II)	13	5	35.75 (10.9-117.1)
lower (III,IV,V)	12	165	1*
Education of girl			
school dropout	3(12)	82(48.24)	1*
Primary	3(12)	43(25.29)	1.90 (0.36-9.85)
Secondary	6(24)	25(14.71)	6.56 (1.52-28.14)
higher secondary	9(36)	19(11.18)	12.94 (3.19-52.43)
College	4(16)	1(0.59)	109.33 (9.19-1300)

*Reference group for OR

DISCUSSION

In our study, 63.72% of girls were aware of reproductive organs. Only 46.24% of girls had heard about RTI. Newspapers/books were the major a source of information among 109 (44.30%) girls.

In DLHS-III, only 30% of unmarried girls aged 15 to 24 have heard about RTI/STI. Television emerged as a major source of information (57%) the other sources of information are print media

(47%), radio (27%), relatives and friends (39%) and adult education programs and teachers (32 %) ⁷.

According to the National Family Health Survey-3 (NFHS-3)⁹, almost 11% of females in age 15-24 had a history of RTI in the preceding 1 year of the survey.

In our study, prevalence of RTI was 36.65% among adolescent girls. The most of the girls had vaginal discharge (41.53%) followed by genital itching (32.33%), burning micturition (25.12%), genital ulcer & lower abdominal pain (0.51 %).

Study conducted by Kajal Jain¹⁰ in 2006 Uttar Pradesh shows prevalence of RTI 16.42% among adolescent girls which is lower than present study. Out of the total affected girls 80.3% of girls suffered from excess vaginal discharge followed by low backache (13.6%), burning micturition (4.5%) & lower abdominal pain (1.5%).

Khanna et al¹¹, in his study reported that 27 % of the girls who had one or the other symptoms of RTI of which white discharge and pain in the lower abdomen was 41% each.

Higher prevalence of RTI reported by Meenal (65.18%)¹² in her study during June 2009 to February 2010 in Nagpur among adolescents on Reproductive Health Morbidities wherein most of the girls (53.6%) had dysmennorrhoea. Other reproductive tract infections reported were excessive White Discharge (5.35%) & Itches and Sores on External Genitalia (0.89%).

In a study by R. Ram et al⁵, prevalence of RTI was found among 70% adolescent girls of which 35% of the girls had given the history excessive vaginal discharge without low backache/lower abdominal pain, 29% had history of lower abdominal pain / low backache with vaginal discharge, 12% had history of burning sensation during micturition and 50% had dysmennorrhoea.

M. Mizanur Rehman¹³ conducted study in Bangladesh & analysis revealed that a large proportion of the adolescents (64.5%) reportedly have been suffering from reproductive morbidity. The most frequent form of morbidity was menstrual disorders (63.9%) followed by lower abdominal pain (58.6%), burning sensation during urination (46.1%), genital itching (15.5%), vaginal discharge.

Ignorance about any RTI may lead to serious consequences in the future if not treated timely. Health seeking behavior for RTI found to be very poor, only 12.83% of girls our study sought treatment which is lower than study results of Meenal Kulkarni¹² where 37.67% girls sought treatment for RTI.

Kajal Jain et al¹⁰ shown in her study during 2006 that out of the 66 girls reported to have symptoms of RTI, only 7 (10.6%) of them sought treatment for their symptoms, of whom maximum number of girls went for private treatment (71.4%) followed by government (14.3%) and homoeopathy.

Rehman et al.¹³ also reported a poor (18%) health care seeking behavior for reproductive morbidities.

Similar studies done by M. Mizanur Rahman¹³ & Kennedy et al¹⁴ in 2010 shows treatment seeking behavior for RTI was only 18% & 12.6% adolescent girls respectively.

Our study describes shyness (55.88%), financial constraint (38.23%) & lack of awareness (5.89%) as important reason for not taking treatment for RTI. In the case of RTIs many adolescents and adults opt first for self-treatment or some non-professional service (local healers, patent medicine sellers, etc.) and only subsequently turn to public health clinics or other professional health providers.

Meenal¹² shown in her study during June 2009 to February 2010 that "no need of treatment" as the most common reason for not seeking health care whereas in our study most common reason for not taking treatment is shyness followed by financial constraint & lack of awareness.

Similar study conducted in Dhaka by M. Mizanur Rahman¹³ shows in his study the major reasons, as mentioned by adolescents for not receiving any health care for gynecological problems were personal grounds which include, 41% mentioned 'no need of treatment' followed by 'lack of knowledge' 19.8%, 'economic hardship' 18.4% and 'shyness to expose to doctor' 14.8%. In addition 6.1% of the adolescents reasoned related to inadequate service facilities such as 'no female doctor available in the hospital'.

CONCLUSION

Prevalence of RTI was found to be 36.65% amongst which excessive vaginal discharge is most common symptom. Reproductive tract infections were more among late adolescent age group & school dropout girls. Treatment seeking behavior found very poor

& only sought treatment for RTI. Most common reason for not taking treatment is shyness.

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