

Knowledge, Attitude, Beliefs and Practices of Gynaecological Problems amongst Females in Rural and Urban Population

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Abstract: ***Background:** This study attempts to present an overview of knowledge, attitude, beliefs and practices of gynaecological problems amongst females in urban areas of Mumbai and Navi Mumbai and rural areas of Raigad district i.e. Alibaug (Alibaug, Murud), Panvel (Taloja, Navade, Kalamboli), Roha, Pen (Nere, Nagothane). **Methodology:** After the ethical approval, 1200 subjects of age group 18 years and above participated in the study out of which 600 were rural and 600 urban women. Those subjects willing to participate were explained about a self-made questionnaire and a written consent was taken from them. **Results:** Both populations have heard about cervical cancer being the most common gynaecological issue and considered unhygienic conditions to be the major risk factor for occurrence of any gynaecological problem. Even today both the populations approach a doctor only after the condition has worsened. In case of prolapse, the rural population still feels embarrassed and practices manually inserting the organ back into the vagina. The rural women are still ashamed to reveal urinary incontinence and consider it to be a normal phenomenon. **Conclusion:** The knowledge and practices are better in urban population than rural but the level of awareness is improving in rural. Common misconceptions and beliefs are followed even today by both population although it is more in rural. Reproductive care to women needs to be broadened beyond maternity care and planning.*

Keywords: women's health, gynaecological issues, Mumbai, Navi Mumbai

1. Introduction

Women's health refers to a state of complete physical, mental and social wellbeing as experienced by women and not merely the absence of a disease or infirmity. Women's health issues have gained a lot of importance in recent years. According to the census of 2011, in the state of Maharashtra, the female to male ratio is 947:1000 and the rural women population is more.^[10] It is equally important to address health promotion as health issues of women is now on the global social agenda for the forthcoming century.

A woman plays a multifaceted role contributing to the progress of society balancing her personal as well as professional life. Women have responsibilities to effectively manage their domestic as well as professional life. In order to deal with these stresses of family as well as professional life, a woman should have a healthy lifestyle. In all this, gynaecological health of a woman plays a very important role.^[1]

Generally, women have a tendency to ignore gynecological issues till it escalates to level where some intervention becomes necessary. There is very little information on prevalence of reproductive health problems in the community and their perceived needs, knowledge and attitudes.^[4]

The term gynaecological diseases is used to denote structural or functional disorders of female abdominal and pelvic organs. One reason for the relative neglect for gynaecological care is a failure to appreciate the extent of

unmet needs in the rural areas. Studies have reported high morbidity rate due to neglect.^[2]

A wide variation is seen in the lifestyle of rural and urban populations which has an impact on the gynaecological health of women. The rural lifestyle involves more of heavy physical activities whereas the urban lifestyle is of sedentary type.

Health promotion is a process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being; an individual or group must be able to identify and to realize aspirations, to satisfy needs and to change or cope with the environment. Health education is the most used health promotion strategy in physiotherapy practice.^[5]

In the present study we sought to determine awareness of women about gynaecological issues; the incidence of gynaecological symptoms faced by the population and their attitude towards them, also various practices and beliefs that they follow.

2. Methodology

A cross sectional study was performed in the urban areas of Mumbai and Navi Mumbai and rural areas of Raigad district i.e. Alibaug (Alibaug, Murud), Panvel (Taloja, Navade, Kalamboli), Roha, Pen (Nere, Nagothane). Pre validated self made questionnaire was used in the study. The questionnaire had 24 questions which included questions on knowledge, attitudes, beliefs and practices and was circulated in a language best understood by the target population. A

convenient sampling was undertaken with a sample size of 1200 women of which 600 were from rural areas and 600 from urban areas.

Inclusion and Exclusion Criteria

The inclusion criteria for this study was women who were 18 years and above and who were willing to participate in this study. The exclusion criteria was women in health care profession.

The subjects who had fulfilled the criteria were explained about the study and a written consent was taken from them.

3. Discussion

Many studies have been done evaluating knowledge, attitude and perception regarding gynaecological issues amongst women globally^[1]. In this study, the areas covered were urban areas of Mumbai & Navi Mumbai and rural areas of Raigad districts to assess the level of knowledge, attitude, their beliefs and practices about gynaecological problems.

Knowledge

Knowledge is defined as the information, understanding, or skill that you get from experience or education. It changes the way of approach towards life.

In our study we have found that the knowledge about cervical cancer, prolapse and urinary incontinence was more in rural and urban populations. The major sources of awareness were media, newspapers, awareness camps, their female relatives and friends. The reason for less awareness of conditions like PCOS and Dysmenorrhea was ignorance and lack of health education. As the prevalence rate of PCOS is high and knowledge rate is low^[2] health education is therefore important amongst the teenagers of both the population.

The most common symptoms faced by both population were menstrual pain, back ache, lower abdominal pain and pelvic floor dysfunction. The authors A. Bang and R. Bang conducted a study which also shows similar findings. Inaccurate knowledge, lack of sex education, myths and misconceptions were the major reasons for considering these symptoms normal till the condition worsens. Also joint family set up where the parents and child did not talk freely, lack of knowledge among the parents to impart it to their children were some of the reasons.^[8]

Basic medical facilities are available in both population but we found that higher number of urban people were availing them. The reasons were lack of awareness, self-concern and financial issues which was found in a study conducted by ICMR^[4]

Attitude and Beliefs

Attitude is defined as the tendency to react positively or negatively to a certain idea, object, person or situation and belief is defined as the state or habit of mind in which trust or confidence is placed in some person or thing.

There is a positive attitude amongst both the population regarding maintenance of hygiene to prevent gynecological issues. But still in rural population they consider gynecological conditions as a social stigma.

Hair should not be washed during first 3 days of menstruation, not to touch a pregnant female during menstruation were some of the negative beliefs still prevalent amongst women of both populations; being more in rural. This belief has been passed on from generation to generation.

Misconception about prolapse was still believed in rural population. Visiting religious places during menstruation is considered as a taboo in both the populations. This shows that there is a strong urge to inculcate health education and health promotion.

Some people from both the populations, restricts themselves from eating certain foods like papaya, pickles, fried foods or caffeine as they believe that these foods can increase body heat which can lead to excess loss of blood during menstruation. Similar finding were found in a study by A. Bang and R. Bang

Practices

Practice is defined as the actual application or use of an idea, belief or method, as opposed to theories related to it. Majority of the urban population consults a doctor for their gynaecological issues. Reasons for not availing medical facilities among rural women include lack of information, low socio-economic status, extreme scarcity of female doctors and embarrassment to reveal it. Many urban and rural females try various home remedies and wait for a few days for the condition to be resolved and if not, then they visit a doctor. This was also seen in a study conducted by ICMR^[4]. A negligible portion of the urban population ignores such issues due to busy schedule.

Majority of both the population prefer maintaining genital hygiene. There are serious concerns regarding implementation of the government's programme offering sanitary napkins at a subsidized rate, especially regarding acceptability, supplies and disposal^[6] but still rural population uses cotton clothes during menstruation. Both populations follow a good practice of changing the cloth or pad every 6 hourly.

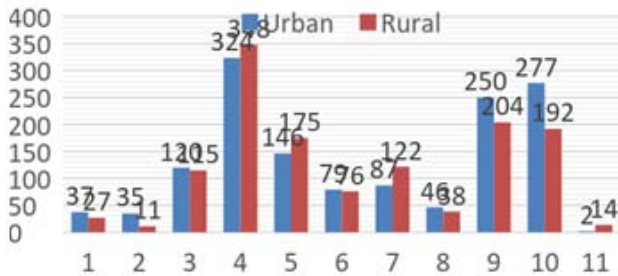
Women of urban population consults doctor before the condition worsens but it's not the same in rural population. They prefer home remedies and consult a doctor later. The preferred practice found in our study was manual insertion for prolapse in rural population as they were ashamed to discuss with family and doctor. Similarly, for urinary incontinence, rural population assumed it to be normal and they practice rushing to the nearest washroom. In urban population they considered it as normal and discussed with family and friends. The other practices found by us for urinary incontinence were avoiding travelling, attending social functions and avoiding activities leading to incontinence. Both the populations preferred home remedies

like application of hot water bags, pain killers for painful menstruation.

4. Results

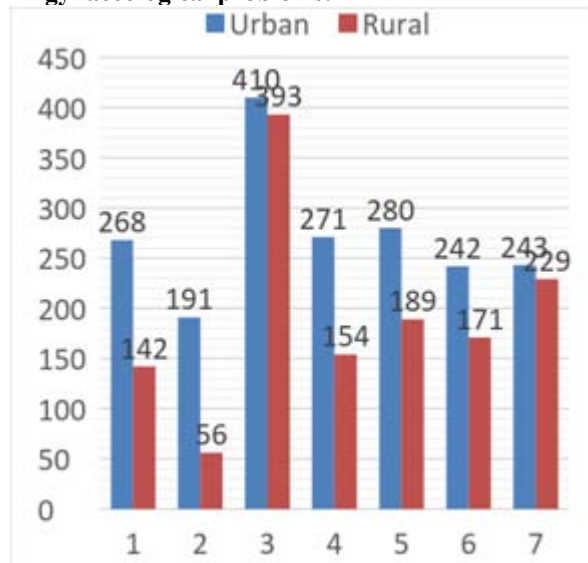
This project comes under Community Based Physiotherapy and Women's Health. It is a cross section study done in a population consisting of 600 urban and 600 rural women population with the mean age of 35.6 years (SD=12.19) and 34.7 years (SD=12.07) respectively to observe their level of knowledge, attitudes, beliefs and practices.

1) Incidence of symptoms faced:



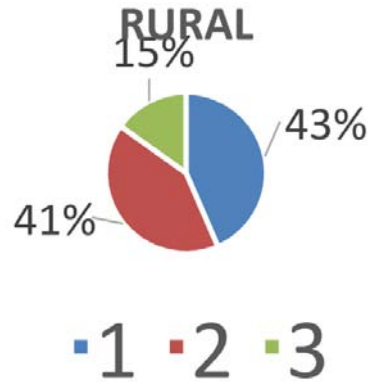
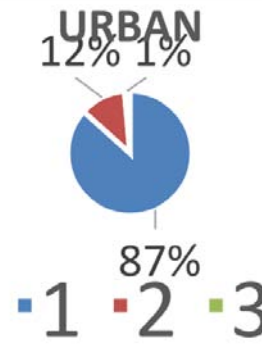
1. Sudden weight loss
2. Excessive facial hair growth
3. White discharge with foul smell
4. Menstrual pain
5. Irregular menstrual cycle
6. Leakage of urine on stress
7. Burning urination
8. Something coming out of genital area
9. Lower abdominal pain
10. backache

2) Knowledge about risk factors that lead to gynaecological problems:



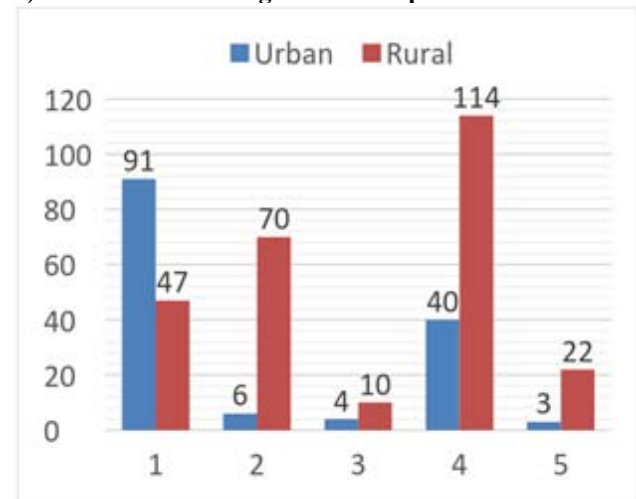
1. Heavy weight lifting
2. Early menarche
3. Unhygienic conditions
4. Early menopause
5. Multiple pregnancies
6. Delayed pregnancy
7. Misuse of oral contraceptives

3) Help seeking in gynaecological conditions:



1. Consult a doctor
2. Home remedy
3. Ignore

4) Barriers in availing medical help



1. Busy schedule
2. Ashamed to disclose problem
3. No medical facility in the vicinity
4. Assume it to be normal
5. Financial problems

5. Conclusion

- Ignorance, low level of awareness and negative beliefs are major factors for deterioration of women's health.
- It is necessary to carry out various prevention and health promotion programs to improve quality of life in female population.

- Reproductive care to women needs to be broadened beyond maternity care and planning.
- Education needs to be given greater priority to prevent disease, promote health and prolong life among the population as a whole and their help seeking behaviour towards it.

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