

Gynecological Problems and Barriers to Health Seeking Behaviour among Women Working in Industrial Units of a Selected Panchayat in Thrissur

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Abstract: *Gynecological morbidities constitute an important health problem among women of reproductive age group in India. Many of them did not seek care and bare it silently. Objectives:* Study intended to assess gynecological problems among women working in industrial units, to assess the barriers to health seeking behavior among women working in industrial units, to determine the association between gynecological problems with barriers of health seeking behaviour and selected socio demographic variables. **Materials and Methods:** This study was a non-experimental descriptive survey design was conducted in industrial units of Avannur panchayat from 2014-2016, In which 250 industrial working women were selected using purposive sampling technique. Socio demographic data collected by interview and gynecological problems, barriers to health seeking behaviour were collected by checklist. The collected data was tabulated and analyzed by using descriptive and inferential statistics. **Results:** The results revealed that among industrial working women 80 percent of women had gynecological problem at the time of data collection. Among them 80.8 percent of women experienced barriers to health seeking behaviour. There is significant association between gynecological problems and barriers to health seeking behaviour. **Conclusion:** Most of the women have gynecological problem. In this modern era, they find difficulty to seek health care due to personal, organizational and societal barriers.

Keywords: Gynecological Problems, Barriers, Health Seeking Behaviour, Stress Urinary Incontinence, Hyperandrogenism, Genitourinary Tract Infection

1. Introduction

“A woman is the full circle. Within her is the power to create, nurture and transform.” Women are inherent part of our society. They are the driving force towards the development of country. Women’s health reflects the multiple dimensions of her life. Improving women’s health matters to women, their families, the communities and societies at large. Women’s participation in the labour force was limited by traditional, educational and legal practices until conditions slowly changed during the last century. Over the past decades the women’s labour force in India and throughout the world has experienced many changes and the participation rates in the labour force are significantly higher today (1). Health problems are common among working and nonworking category of people. But the prevalence of health problems is high among working people secondary to occupational hazards, type of work, demand of the employer, stress, long standing etc. Moreover, dual role as home maker and bread winner takes toll on their health. It is necessary to find out the health problems among them since most of the women are working in the unorganized sectors. Health promotion and maintenance enables individuals, families and communities to develop their full health potential.

Reproductive health problem remains the leading cause of illness and death for women worldwide. Throughout their lives, every women complaint about discharge or pain related with reproductive organ and their functions. Complaints related with reproductive system create both physical, psychological stress and anxiety in women. Because of these complaints women experience fear, guilt,

discomfort, shame, anxiety etc. which hesitate them from seeking health care facility. A significant lacuna persists in understanding the factors influencing gynecological morbidity as well as consequences for women’s lives (2). Studying the prevalence of these morbidities helps in identifying the magnitude of such problems in the community and helps to identifies risk groups to whom interventions should be directed. Considering the above facts in the mind present study was carried out to study profile of some aspects of gynecological morbidities and health seeking behavior among women working in industrial units.

2. Objectives

- Assess gynecological problems among women working in industrial units.
- Assess the barriers to health seeking behaviour among women working in industrial units.
- Determine the association between gynecological problems and barriers to health seeking behaviour among women working in industrial units.
- Find the association between gynecological problems among women
- Working in industrial units and selected socio demographic variables.

Hypotheses

The hypotheses will be tested at 0.05 level of significance.

- H1: There is a significant association between gynecological problems and barriers to health seeking behavior among women working in industrial units.

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- H2: There is a significant association between gynecological problems among women working in industrial units with selected socio demographic variables.

Conceptual Framework

The conceptual frame work of the study was based on Nola.J. Pender's Health Promotion Model [revised in 2002] (3).

3. Material and Method

This study was a non-experimental descriptive survey design was conducted in industrial units of Avannur panchayat from 2014-2016, In which 250 industrial working women were selected using purposive sampling technique. Socio demographic data collected by interview and gynecological problems, barriers to health seeking behaviour were collected by checklist. The collected data was tabulated and analyzed by using descriptive and inferential statistics.

4. Statistical Analysis

A descriptive analysis has been carried out initially. Continuous variables were represented using mean, standard deviation and categorical variables were summarized using proportion. The Chi square analysis was done for categorical variables and tested for significance.

5. Results

The result revealed that 38.4 percent of study sample were belonged to the age group 30-36 years, 70 % educated upto school, 44 % were Above Poverty Line, 64.4 % of them were living in panchayath, 60.8 % of women belonged to nuclear family, 68.4 percent of women attained menarche at 12-14 years, most of the women working in the industrial units (92%) were married, 61.6 % of participant's duration of married life were more than 16 years, 71.6 % of women had 2 children and 70 percent of women underwent permanent family planning.

Most of the women (84.8%) were working 8 hours/day, 44.8 % of them working in the industrial unit since 2-3 years, 51.6% of industrial working women getting more than 30 minutes of rest perday, 50.4 % had health checkup once in a year. Most of the women working in industrial units (98.8 %) were getting adequate sick leaves, 80 percent reported adequate provision for using toilets, 63.2 percent were having measure to dispose sanitary napkin and 18.4 percent were getting provision for recreational activity. 70.4 % women in industrial units were working in pollution free environment. Among women who were exposed to pollution, 86.49 percent had availability of protective wears.

Among industrial working women 21.2 percent of them had past history of gynecological problem and 80 percent of women had at the time of data collection. In that 60.4 percent of them had menstrual disorders, 4.4 percent had problems related to breast, 17.2 percent had vaginal discharge associated with low back ache, 24 percent had abnormal vaginal discharge, 18.4 percent had genitourinary

tract infection, 3.6 percent had stress urinary incontinence, 4.8 percent had features of hyperandrogenism and 16.8 percent had menopausal problems. Among them 80.8 percent of women experienced barriers to health seeking behaviour. In that 50.4 percent (Table-1) had personal, 23.2 percent had organizational and 16 percent had social barriers. There is significant association between gynecological problems and barriers to health seeking behaviour and with socio demographic variables such as age, education, socioeconomic status, temporary family planning method and hours of rest in the industrial unit (Table-2).

Table 1: Frequency distribution and percent of women working in industrial units based on personal, organizational and societal/family barriers to health seeking behavior (n= 250)

Barriers To Health Seeking Behaviour	f	%
Personal	126	50.4
Organizational	58	23.2
Societal/Family	40	16

Table 2: Association between Gynecological Problems Among Women Working in Industrial Units and Selected Demographic Variables

Gynecological problems	χ^2 value	df	P Value
Age	0.46*	3	0.03
Education	0.23*	3	0.03
Socioeconomic status	0.09*	1	0.02
Marital status	0.76 ^{ns}	3	0.08
Age at menarche	0.88 ^{ns}	2	0.08
Temporary family planning	0.35*	3	0.03
Hours of rest	0.003*	1	0.003
Hours of work		1	0.059

*significant at 0.05 level ns- not significant

6. Discussion

In this research study, population was 250 women in the age group of 30-55 years working in industrial units of Avannur panchayat. Health problems are common among working and nonworking category of people. But the prevalence is high among working people secondary to occupational hazards, type of work, demand of the employer, stress, long standing etc. Moreover, dual role as home maker and bread winner takes toll on their health. By reviewing various literatures by the investigator, it was found that no efforts have been taken to assess gynecological problems among women working in industrial units. But studies have been conducted in colleges, urban slum, rural slum, employees from different health sector and in general public.

The present study findings are also consistent with the finding of a population based cross sectional survey was conducted by Dr. Anitha Abraham et al.(4) identified that major problem reported by women were menstrual disorders (135, 25.0%) followed by symptoms related to reproductive tract infections which included increased vaginal discharge (23, 58.97%), vaginal discharge with itching (7, 17.95%) and vaginal discharge with lower abdominal pain (9, 23.1%). In the present study 60.4 percent had menstrual disorders, 17.2 percent had vaginal discharge associated with low backache, 24 percent had abnormal vaginal

discharge, 18.4 percent had genitourinary tract infection, 3.6 percent had stress urinary incontinence.

Indra P. Kambo et.al, (5) Division of reproductive health & nutrition, Indian Council of Medical Research, New Delhi conducted a study on Self-reported gynecological problems among married women of reproductive age (15-45 years) group in the rural areas from Twenty-three districts of India. Result showed that among 24.4% women who complained of gynecological problems 10.2% did not visit any health facility for seeking care. This included 3.8% who did not know where to go hospital and 6.4% who did not seek any care in spite of knowledge about health care facilities. The major reasons as mentioned by women for not seeking any health care for gynecological problems were personal (68%) including lack of time (48.3%), loss of wages (12.0%), inability to go alone (23.2%) and less concern of family (6.3%). In addition, 13.4% of women gave reasons related to inadequate health services/infrastructure like lack of availability of medicines (10.1%), lack of female doctor (1.8%), lack of privacy (2.4%) etc. Attitude of the health providers like demand money (2.7%), lack of availability doctors/ANMs (1.3%) and negligence of doctors were mentioned by 1.4% of the women (12). In the present study found that 50.4 percent had personal, 23.2 percent had organizational and 16 percent had social barriers.

In this study there was significant association between gynecological problems and barriers to health seeking behaviour as well as socio demographic variables such as age, education, socioeconomic status, temporary family planning method and hours of rest during work in the industrial units.

7. Conclusion

The present study aimed to identify the gynecological problems and barriers to health seeking behaviour among women working in industrial units. Most of the women had gynecological problems and they find difficulty to seek health care due to personal, organizational and societal barriers. The reproductive health problems of the women require greater attention and the services for the early detection and treatment of gynecological problems should be ensured.

8. Conflict of Interests

Authors declare that they have no conflict of interests.

9. Ethical Issues

An informed consent was taken from all participants during the study. Ethical clearance from institutional ethics committee obtained from Govt. College of Nursing, Thrissur, Kerala. Ethics code is IEC NO. B1/312/2015/CONTSR/Dated 13/07/2015. There is no ethical issue for the publication of the present report.

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