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Research Article

"A Study To Identify The Factors Affecting The Utilization Of Available Health Care Services Among Women With Gynecological Problems In The Selected Slum Area Of Dehradun, Uttarakhand"

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ABSTRACT

The finding of the study revealed that majority of women (55%) experienced menstrual-related issues, which were then followed by lower abdomen pain (24%), white discharge (21%), and urinary tract infection (6%). Except for urinary tract infection, which is more common in women between the ages of 15 and 25, women in the 26 years and older age group reported having more gynecological-related issues.

Abdominal pain was more common (reported by 29 percent of women who gave birth for the first time before the age of 18), menstrual problems were more common (reported by 59 percent of women who gave birth between the ages of 18 and 24), and white discharge and urinary tract infections were more common (reported by 8 percent of women who gave birth after the age of 25).Nearly 46% of the women reported having at least one gynecological issue, 20% reported having two issues, 6% reported having three issues, and only 1% had all four issues.

KEYWORDS Gynecological morbidity, Menstrual Hygeine, Socio Economical status, Treatment seeking behavior

INTRODUCTION

Gynecological morbidity encompasses reproductive system conditions unrelated to pregnancy, childbirth, or abortion, often tied to sexual behavior. WHO identifies obstetric, contraceptive, and gynecological morbidity as key reproductive issues. Symptoms like irregular menstrual cycles, vaginal discharge, and vulvar discomfort indicate gynecological morbidity. Globally, women in developing nations bear a significant burden, contributing to 4.5% of all diseases, surpassing percentages for malaria, tuberculosis, heart disease, and maternal disorders. This study explores the prevalence, risk factors, and treatment-seeking patterns for gynecological morbidities. Challenges include limited healthcare access, cultural norms, and socioeconomic disparities, requiring improvements in healthcare systems, public awareness, and education to address these issues effectively. Gynecological morbidities, more pervasive than reproductive and contraceptive concerns, underscore the need for comprehensive strategies to alleviate the burden on women's health worldwide.

MATERIAL AND METHODS

Research Design

In the present study the research design was descriptive survey to identify the factors affecting the utilization of available health care services among women with gynecological problems in the selected slum area of dehradun, uttarakhand"

STATEMENT OF THE PROBLEM

"A study to identify the factors affecting the utilization of available health care services among women with gynecological problems in the selected slum area of dehradun, uttarakhand"

OBJECTIVES OF THE STUDY

1. Identify the women with gynecological problems
2.Assess the utilization of available health care services among womangynecological problem.
3.Determine the factors affecting the utilization of available health careservices among woman with gynecological problem.
4.To analyze the health infrastructure and health care facilities available especially for the women.
5.To study the impact of their health problems on the family

OPERATIONAL DEFINITIONS

- **Utilization of Health Care Services:** The act of women seeking and accessing medical care, diagnosis, treatment, and support related to gynecological problems from healthcare facilities, providers, and resources available within the selected slum area.
- **Factors Affecting Utilization:**The variables or elements that influence a woman's decision to seek, access, and use health care services for gynecological issues. These factors encompass a range of influences such as economic, social, cultural, geographic, awareness-related, and psychological elements that impact a woman's healthcare-seeking behaviour.
- **Women with Gynecological Problems:** Refers to females residing in the selected slum area who are experiencing physical, emotional, or reproductive health issues related to the female reproductive system, including but not limited to menstrual disorders, infections, pelvic pain, and other gynecological conditions.
- **Selected Slum Area:** The specific geographic location characterized by its marginalized and resource-constrained environment, comprising low-income residential communities where residents face challenges related to living conditions, access to basic services, and healthcare resources.

VARIABLES UNDER THE STUDY

Area of residence, Age, Birth order, Religion, Caste, Family Income, Mothers' Education, Awareness on reproductive health issues, Attitude towards reproductive health, Young girls' age at Menarche, Nutritional status of women, Source of Information on Reproductive health, Cultural practices during Menarche, Reproductive Morbidities, Gynecological Morbidities, Parental Involvement.

ASSUMPTIONS

Healthcare Accessibility: The assumption that there are available healthcare services within or near the selected slum area that cater to women's gynecological health needs. These services could include clinics, hospitals, community health centers, or government-sponsored health initiatives.
Awareness: Assuming that the women in the selected slum area have some level of awareness about gynecological problems and the healthcare services available to address those issues. This awareness might come from various sources such as community health workers, educational programs, or word-of-mouth.
Financial Constraints: Assuming that financial limitations might be a significant barrier to healthcare utilization. This could include the cost of medical consultations, diagnostic tests, medications, and other related expenses.

CONCEPTUAL FRAMEWORK OF THE STUDY

The conceptual framework presented in this thesis also deduces several probable incidental correlations between various background factors and intermediary factors and gynecological morbidity.

Setting

The study was conducted in the laltappar slum area under the primary health care centre Dehradun.

Sample and Sampling technique

Population

Using stratified random sampling approaches, 125 young girls and women from slum areas as of Lal tappar were chosen.

Sample

125 young girls and women from slum areas as of Lal tappar were chosen. Considering that women could be as old as 45or as young as 14.

Sampling Technique

In order to choose the samples for the current investigation, stratified random sampling was used.

Inclusive Criteria
- Sample in the range of 14-45 years of age
- Sample who had attained menarche
- Sample from domicile of Lal Tappar, Dehradun

Exclusive Criteria
- sample who had attained menarche but aged less than 10 year

Sampling Size
Using stratified random sampling approaches, 125 young girls and women from slum areas as of Lal tappar were chosen. Considering that women could be as old as 45or as young as 14.

Ethical Consideration
The researcher ensured informed consent, provided contact information, and assured privacy, emphasizing participants' rights, dignity, and the option to withdraw during interviews conducted in private.

Data Collection Tools and Techniques
The sole instrument that is heavily employed during the entire study is the interview schedule. To learn about the socioeconomic status of the study's gynecological patients and an interview schedule is utilized to evaluate the social pathology of the main gynecological illnesses.

Validity of Tools
The Content Validity of the tools was established by submitting the tools to experrt of Nursing Faculty from obstetrical and gynaecological nursing.

Reliability of Tools
It was administered to 150 women

Procedure for final data collection
Data was collected from 20-10-2023 to 20-11-2023 from slum area laltappar Dehradun

RESULT AND DISCUSSION

TABLE 1.Percentage distributions of women by self-reported gynecological problems

Gynecological problems		Percentage	Numbers
Menstrual related morbidity	Regular	76.5	96
	Irregular	15.5	19
	Currently pregnant	58	72
Painful Menstruation	Menopause	23	29
	Yes	34	42
	No	66	82
	Total	55.3	69
Abdominal pain: continuous pain	Yes	13.4	16
	No	86.6	109
	Total	24.3	30
White Discharge:	Cheesy	23.5	30
	Watery	76.5	95
Accompanied by itching	Yes	48.2	60
	No	51.8	65
	Total	21.3	26
Urinary Tract infection			
Burning sensation	Yes	90.9	114
Burning sensation upon urination	No	91	114
	Total	6.0	7

- 19 women reported irregular menstrual period
- Almost 55 percent women reported having menstruation related morbidity.

Prevalence of Gynecological Morbidity

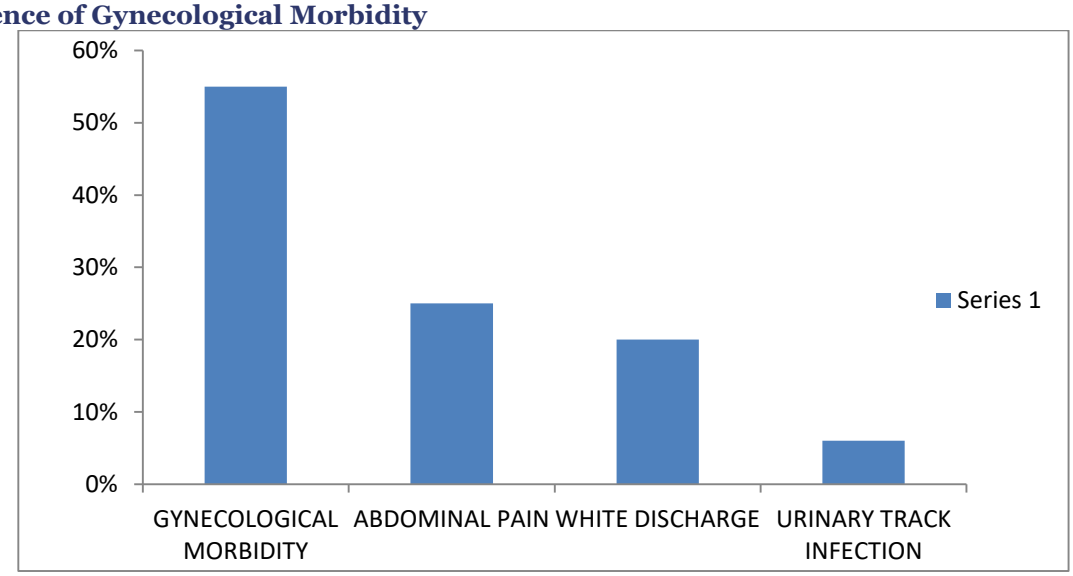

TABLE 2. Percentage distributions of women by gynecological problems accordingto the selected background characteristics

Background characteristic		Gynecological problem			
		Menstrual problem	Abdominal pain	White discharge	Urinary track infection
Age	15-25	53.9	21.1	21.1	79
	26 plus	56	26.2	21.4	48
Education	No education	51.3	27.3	18.2	7.1
	primary	48.6	25.7	17.6	5.4
	Secondary plus	61.6	20.9	25.6	5.2
Age at 1st pregnancy	<18	46.2	29.2	20	69
	19-24	59.1	24.2	23.2	37
	25 plus	50	25	25	83
Husband's education	No education	54.4	25.3	21.5	76
	Primary	47.8	28.4	10.4	75
	secondary	57.5	22.8	24	51
Place of birth	Institutional	55	27.7	24.1	40
	Non institutional	51.2	23.8	17.9	94
Autonomy	Low	54	21.7	11.8	56
	High	56.1	74.1	72.4	93.7
Types of family	Nuclear	53.8	76.3	64.8	88.9
	Non nuclear	64.8	72.2	75.8	98.5
Religion	Hindu	55.4	77.9	78.2	95.7
	Muslim	53.3	69.2	77.6	91.6
	Others	60	84.6	100	76.9
Abortion	1	66.7	76.7	73.3	97.7
	1 +	66.7	75	58.3	83.3

- 56 percent of women in the higher age group 26 years and olderreported experiencing menstrual-related problems.
- Women from "low (Standard of living index)SLI" also reported more menstrual issues (59%) than women from "very low" SLF (53%) did.
- The menstrual problem was mentioned by 56 and 65 percent of the women who are "not working" and come from non-nuclear families, respectively.
- 68 percent of women who had abortions reported the issue.
- Here, 26 and 27% of the women from "very low" SL1 and "no education" groups, respectively, complained lower abdominal pain.
- Urinary tract infections are more common in younger age groups (8%) and in both the "very low" and "low" categories (6%).

Percentage distribution of women according to suffering fromNumber of gynecological problems

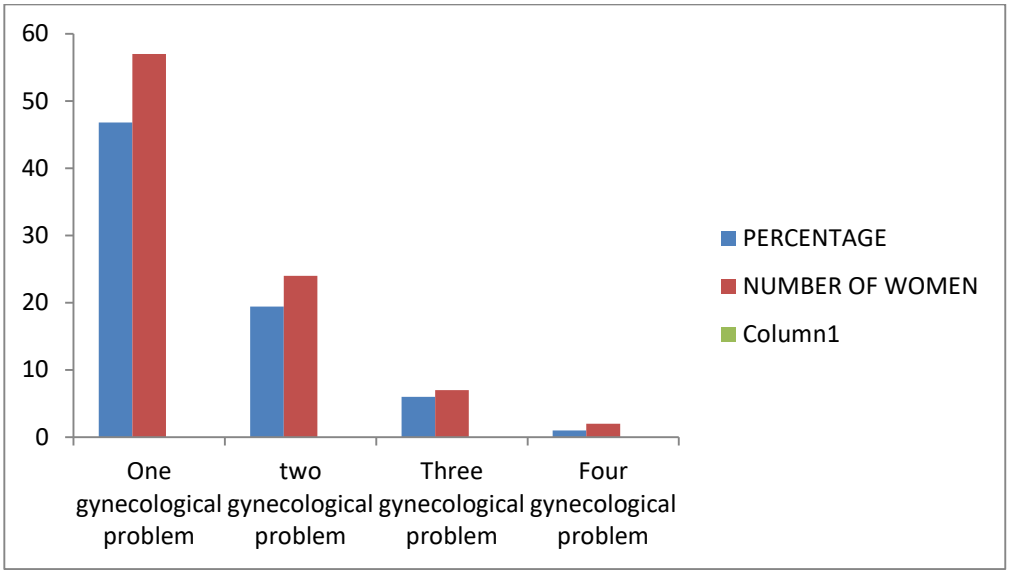

Table3. Percentage distribution of women by various gynecological problemsaccording to their perception of its impact on women's life

Impact on women's life	Gynecological morbidity			
	Menstruation related morbidity	Abdominal pain	White discharge	Urinary tract infection
General health	74.2	87.5	65.5	95.8
Household work	42.7	55.3	27.7	37.5
Employment	59.0	58.8	27.3	66.7
Child care	21.7	25.3	11.1	22.2
Social life	52.4	49.0	33.7	58.3
Sexual life	48.0	78.1	72.3	100

- 96% of themfollowed by those with abdominal pain
- menstruation-related issues 74%
- white discharge problems 66%
- General health: weight gain, weight loss, hypertension, body ache, nausea/ vomiting,weakness, fever,cramp, allergy, itching
- Household work: lack of interest, pending work
- Employment; lack of concentration, loss of working days, left the job, delegating responsibilities.
  Child care: can not provide basic necessities to children, can not send children to school, constantly beating children,
- Social life not attending social functions, not visiting relatives, not communicating with neighbours, stay at home
- Sexual life: lack of interest, painful intercourse, number of sexual intercourse reduce

DISCUSSION

In line with many earlier research, menstruation and other gynecological morbidities of women, as well as treatment-seeking behaviour, have been significantly influenced by economic factors such as personal income, family monthly income, household amenities, and household goods index. Women from more affluent homes are less likely to experience gynecological morbidities, butthey are also more likely to seek treatment for these conditions.It is obvious to understand that women with higher incomes and from wealthy families are more likely to take preventive measures against developing morbidities because they are more likely to be fairly more educated, to have greater autonomy (in terms of decision-making at home, to have access to and be able to use financial resources, and to have freedom of movement), and to seek treatment as soon as possible—especially since they can afford to pay for it.

This study's other noteworthy conclusion is that women's educational standing has a considerable negative impact on their gynecological and menstrual morbidities, as well as how easily they perceive obstacles to receiving treatment. On the other hand, it has had a significant good impact on receiving therapy for the same. This discovery is also consistent with numerous investigations carried out in India and overseas. The results could be explained by the fact that women with higher levels of education have a tendency to be more

knowledgeable about the preventative and curative aspects of morbidities (as a result of better exposure to the media) and are more likely to follow regularly, in addition to having a better understanding of the importance of receiving treatment right away. Additionally, women with greater levels of education typically enjoy better economic standing and are more able to cover medical expenses, in addition to receiving care more easily.
The breadth of women's decision-making in home problems, their access to and ability to employ financial resources, and their freedom of mobility have all essentially shown the expected results, which is one of the primary conclusions obtained from this study. On the one hand, women with greater autonomy tend to experience menstrual and gynecological morbidities fairly less severely and also perceive barriers and challenges when seeking treatment; on the other hand, these women seek care more frequently. Naturally, women who have more (women's) autonomy are more likely to adhere to preventive practices, such as menstrual cleanliness, and are more likely to have better levels of education and come from families or households with higher socioeconomic standing.
Pregnancy wastage (spontaneous and induced abortions, miscarriages, etc.) and the use of contraception, particularly temporary methods like oral contraceptive tablets and IUCD, appeared to have a good impact on the gynecological morbidities under consideration. This suggests that gynecological morbidities in women are somewhat correlated with the use of temporary contraceptive techniques and increased pregnancy loss. These older studies' findings also have some supporting data. The usage of such methods may not have been deemed appropriate for women's bodies, and these barrier methods may have interfered with menstrual cycles by causing irregular bleeding, missed periods, spotting in between periods, and other symptoms.
As well as PID (pelvic inflammatory disorder). Additionally, women may not be aware of certain issues with the reproductive system. Of course, another finding in this context is that women who have used IUCD and oral contraceptives and have experienced pregnancy loss have received more therapy for morbidities under research. This is obvious because women would visit health care facilities or seek advice from health professionals when using these methods and seeking medical advice or treatment during pregnancy loss. Additionally, women have the option to seek treatment for gynecological morbidities at the same time (if they notice these symptoms).
This study also found that women's exposure to mass media tended to lower their reporting of menstrual and other gynecological morbidities' symptoms and their perception of the obstacles to receiving treatment. On the other hand, this exposure greatly enhanced the likelihood that these morbidities would be treated. This is primarily due to the fact that women who are more exposed to mass media are more aware of the causes of morbidities and the ways in which they can be prevented, as well as the accessibility and availability of healthcare facilities and the best ways to find them.

CONCLUSION

Out of 125 women, 55% experienced issues relating to their periods, 24% lower abdominal pain, 21% white discharge, and only 6% had a urinary tract infection. Experienced greater rates of gynecological morbidity (76 percent menstrual problems, 73 percent lower abdomen pain, 84 percent vaginal discharge, and 21 percent urethritis). More than half of women who took contraceptives, whether modern or conventional, said they experienced various gynecological health issues as a result. Out of 125 respondents, 46% reported having at least one gynecological morbidity, 20% had at least two, 6% had at least three, and only 1% had all four morbid conditions. This may be due to the fact that the majority of women are illiterate and work in unorganized sectors where they are paid less and put in longer hours.
Concerning the method of treatment, women with menstruation morbidity claimed that 15% of them did not seek any treatment at all, while 36% sought allopathic treatment and 49% turned to home treatments.47 percent of women with lower abdomen pain seek home remedies, 43 percent seek allopathic treatment, and 10 percent do not seek any treatment. White discharge in women is a problem They seek homeopathic treatment 36% and allopathic treatment 40%. Of the women who reported having a urethral tract infection, 23% used home remedies while 56% used allopathic medicine.

Ethical clearance- Taken from women
Source of funding- Self
Conflict of interest- Nil

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