

Original Research Article

Community based cross-sectional study on treatment seeking behavior of rural adolescent girls


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Abstract

Introduction: Adolescence is critical period of life. Many adolescent females suffer from menstrual and other reproductive problems.

Materials and methods: Cross sectional community based study was conducted upon adolescent girls residing in rural field practice area of medical college hospital. Morbidity profile and treatment seeking behavior were assessed.

Results: Mean age was 14.97 ± 2.09 years. 68.7% were literate. Majority of them belonged to social class IV and V (73.9%). 59.3% had attained menarche. 17.3% were married. 32% suffered from dysmenorrhoea, 24% from premenstrual syndrome and 27.3% from irregular menstrual bleeding. 30% had whitish discharge per vaginum, 13.3% suffered from lower abdominal pain, 19.3% from backache and 11.3% from UTI. 15.3% did not take any treatment and 19.3% tried home based remedies. 22% consulted government hospital and 33.3% took treatment from private doctor.

Conclusion: Many adolescent girls did not seek treatment for their problems.

Key words

Adolescent girls, Cross Sectional Study, Reproductive morbidity, Rural area.

Introduction

Adolescence is the period of major physical and psychological change and has long term

implications. Physical development, sexual maturity, higher energy levels and sense of independence and responsibility are the key

features [1]. There are about 1.2 billion adolescents globally [2]. India has the largest population of adolescents and it contributes to 21% of the total population [3].

Due to social and cultural issues, adolescence care has been neglected in females and majority of them suffer from menstrual and other reproductive problems [4]. Dysmenorrhea, premenstrual syndrome, white discharge per vagina, UTI are a few to be named [5]. Early marriage is common and due to literacy, they caught in the cycle of pregnancy, childbearing, sexually transmitted infections (STIs) and reproductive tract infections (RTIs) [6].

Health status of adolescent girls and their treatment seeking behavior has not been studied in this area. Hence, this study was conducted.

Aim and objectives

The present study was conducted to assess the treatment seeking behavior among adolescent girls for Reproductive Tract Infections.

Materials and methods

The present study was community based cross sectional in nature conducted in the rural field practice area of a medical college hospital. The study subjects included adolescent girls (10 to 19 years) residing in the study area with or without attainment of menarche. Temporary residents were excluded. A total of 150 adolescent girls of 10 to 19 years were randomly selected.

Informed consent was taken from the parents. The interview was conducted by the female interns of the institute after proper orientation at the selected houses. Privacy was maintained and confidentiality was assured. Pretested proforma was used for data collection. It included questions related to socio-demographic background, morbidity profile and treatment seeking behavior.

The statistical analysis was done using SPSS v 16.0 statistical software. Appropriate statistical calculations were done.

Results and Discussion

The present study included 150 respondents. Mean age was 14.97 ± 2.09 years. 68.7% were literate. Majority of them belonged to social class IV and V (73.9%). 59.3% had attained menarche. 17.3% were married.

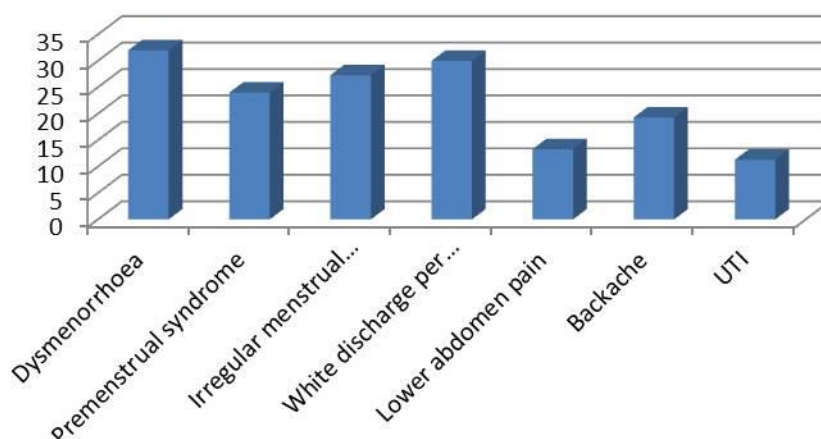
Table - 1 shows that 32% suffered from dysmenorrhoea, 24% from premenstrual syndrome and 27.3% from irregular menstrual bleeding. Regarding reproductive morbidities, 30% had whitish discharge per vaginam, 13.3% suffered from lower abdominal pain, 19.3% from backache and 11.3% from UTI (**Graph - 1**).

Table - 1: showing menstrual and reproductive morbidities		
Morbidity	Frequency	%
Dysmenorrhoea	48	32
Premenstrual syndrome	36	24
Irregular menstrual bleeding	41	27.3
White discharge per vaginam	45	30
Lower abdominal pain	20	13.3
Backache	29	19.3
UTI	17	11.3

Table - 2: showing treatment seeking behavior		
Treatment sought	Frequency	%
No treatment	23	15.3
Home remedy	29	19.3
Homeopathy	17	11.3
Government hospital	33	22
Private doctor	50	33.3

Table - 2 shows place from where treatment was taken. While 15.3% did not take any treatment, 19.3% tried home based remedies. 22% consulted government hospital and 33.3% took treatment from private doctor. It is observed that many adolescent girls did not seek treatment for their problems and this can lead to complications.

Chart-1 showing various morbidities



Gedam, et al. [7] observed that the mean age of adolescent girls were 14.38. Mean age to attain menarche was 12.93. About 386 (96.34%) adolescent girls were literate. 62.04% and 29.58% of adolescent girls belonged to class IV and Class V respectively. 62.56% of them live in poor housing and environmental status. The source of health information for the majority 123 (32.2%) was from mass media. Frequency and percentages of common menstrual problems like dysmenorrhea, premenstrual syndrome, heavy menstrual bleeding, intermenstrual bleeding and primary amenorrhoea were 29.58%, 26.39%, 16.49%, 24.34 and 1.57% respectively. Other Reproductive health problems white discharge per vagina, itching in private parts, pain in lower abdomen, backache, urinary tract infection, lump in abdomen and others (boils, ulcers, warts etc.) 26.7%, 8.11%, 18.06%, 12.3%, 7.32%, 4.97% and 1.57%. Underweight were 21.98%. Anemia was observed in 57.84% of adolescent girls.

Sulakshana, et al. [8] found that majority (82.25%) had age between 10 to 14 years and mean age of study population was 12.9±2.06 years and 98.5% were literates. 51% had attained menarche. The mean height, weight and BMI was less among 10 to 14 years compared to 15 to 19 years (p=0.000). In this study 3.75% were married and of them 60% were pregnant and all had registered for antenatal care. Most common morbidity reported in last one month was GI infections (14.75%), fever (12.75%) and

dysmenorrhoea (12%). Prevalence of anaemia was 75% and 49.75% had mild, 20.75% had moderate and 4.5% had severe anaemia. 61.25% had taken treatment of which 74.69% visited health facility for treatment, 19.21% took home remedy and 6.12% did not take any treatment. The place of treatment was decided by themselves in 20.81% whereas 78.78% family members were decision makers.

Kumar, et al. [9] reported that majority (81%) of the adolescents reported having some health problem during last three months prior to the survey; predominant (60%) problems were psychological and behavioral in nature. To resolve these problems boys consulted mainly friends/peers (48%) while girls consulted their mothers (63%). Compared to the dispensary-based adolescent health clinic, utilisation was significantly higher in a school-based clinic where proportion of psychological or behavioral problems reported was also significantly higher (p<0.01).

Chauhan, et al. [10] found that one or more symptoms of reproductive tract infections were found among 36.65% adolescent girls amongst them vaginal discharge was most common among 41.53% girls. Only 12.83% girls sought treatment for RTI. Age of girl, educational status of girl, religion and socioeconomic class have association with development of reproductive tract infection (p<0.05).

Conclusion

It was concluded from the present study that menstrual problems and reproductive morbidities were common in the adolescent girls. Focus should be given to create awareness among the adolescent girls regarding reproductive hygiene and proper care and treatment.

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