ISSN (Print): 2617-0817 ISSN (Online): 2789-5912

Original Article

Reproductive Health Problems and Health Seeking Behaviors in Urban Adolescent Girls of Bangladesh

DOI: dx.doi.org

Jahan H.[1], Hossain N.[2], Hosna J[3]. Islam M. S.[4], Shaha S.R.[5]

Received: 08 Aug 2022
Accepted: 13 Aug 2022
Published: 15 Aug 2022

Published by:
Sher-E-Bangla Medical College, Barishal

ABSTRACT

Introduction: *Adolescents constitute about one fourth (23%) of the population in Bangladesh. Government has identified adolescent health as a priority issue in Health, Nutrition and population sector program (HNPSP) yet to access to information and services their reproductive health are very limited. The present study was done on 98 adolescents of their health seeking behavior on reproductive health problems in an adolescent clinic of a tertiary hospital situated in a peril-urban of Dhaka district.* ***Aim of the study:*** *The aim of the study was to understand the health seeking behaviors of adolescent females at a community level.* ***Methods:*** *This cross-sectional descriptive study was conducted at the Department of Obstetrics Gynecology, Institute of child and Mother Health, Matuail, Bangladesh. The study duration was 6 months, from July 2007 to December 2007.* ***Result:*** *The study was conducted with a total of 98 adolescent females, where mean age was 15.95 years, and majority (68.4%) were unmarried. Lower abdominal pain was the most common problem, followed by menstrual problems. Most of the lower abdominal pain cases (45/46) were associated with menstrual problems. Knowledge regarding health clinic came mostly from family or relatives.* ***Conclusion:*** *The study observed that there were very few participants visiting the hospital after facing problems for a short duration. Majority had their problems for 1-6 months, while some participants had also suffered from their problems for over a year before seeking medical help. This indicates a lack of interest in overall health seeking behavior among participants. Knowledge regarding hospital or health center were mainly acquired from family members.*

(The Planet 2022; 6(1): 212-218)

1. *Associate Professor, Department of Obstetrics and Gynecology, Institute of Child and Mother Health, Matuail, Bangladesh*
2. *Associate Professor, Department of pediatrics, Institute of Child and Mother Health, Matuail, Bangladesh*
3. *Assistant Professor, Department of Obstetrics and gynecology, Institute of Child and Mother Health, Matuail, Bangladesh*
4. *Resident, Department of Pediatric Gastroenterology, Bangabandhu Sheikh Mujib Medical College Hospital, Dhaka, Bangladesh*
5. *Registrar, Department of obstetrics and gynecology Institute of Child and Mother Health, Matuail, Bangladesh*

Keywords: *Reproductive, Menstrual, Health Seeking Behavior, Adolescence*

INTRODUCTION

Adolescents are a special group of population, that overlap with school-children and youth. Adolescence is a period of sexual maturity that transforms a child into a biologically mature adult capable of sexual reproduction and the potential consequence of that sexual activity. It is a crucial development stage which reflects both childhood health status and sets the foundation for adult health status. Adolescence has been defined by the World Health Organization (WHO) as the period of life spanning the age between 10 and 19 years. These are the formative years when the maximum amount of physical, psychological and behavioral changes take place.[1],[2] Adolescence starts with a very rapid physical growth accompanied by the gradual development of reproductive organs, secondary sex characteristics and menarche in girls. These years are also a time of preparation for undertaking greater responsibilities, a time of exploration and widening horizons, and a time to ensure healthy all-round development. Healthy development of an adolescent is dependent on various complex factors like their socio-economic circumstances, the environment in which they live and grow, the quality of relationships with their families, communities and peer groups and the opportunities for education and employment, etc. But the available literature shows that especially in developing countries like Bangladesh, the understanding about reproductive health needs of adolescents is very poor and thus a neglected area of research and intervention. Without some insight into the unmet needs for Information, Education and Communication (IEC), adolescents cannot protect themselves and prevent reproductive ill health. It is implicit in the conditions of reproductive health that men and women are informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and have the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chances of having a healthy infant.[3] But in our demographic, adolescents often lack basic reproductive health information, skills in negotiating sexual relationships, and access to affordable, confidential reproductive health services. Many adolescents lack strong stable relationships with their parents or other adults whom they can talk to about their reproductive health concerns.[4] Due to such lack of knowledge, adolescents are a high-risk group for early marriage, unwanted pregnancy, complication of abortion and victim of violence including sexual violence and various sexually transmitted disease.[5] Due to early childbearing, around 40% of adolescent female deaths are attributed to maternal causes.[1],[6]-[8] The adolescent population of Bangladesh are at a high risk of health problems, especially in the area of reproductive health. Improving the reproductive health of adolescents would involve bringing major changes at the society level for example, increasing the age of marriage for girls by creating viable social and economic options. Reproductive health status of adolescents, especially those of female adolescent is inextricably intertwined with the sustainable development and well-being of the society. The present study was conducted with the aim of understanding the reproductive health problems faced by adolescent females at a community level, as well as their health seeking behaviors regarding this matter.

OBJECTIVE

General Objective

- To understand the reproductive health problems of adolescent females at a community level

Specific Objectives

- To understand the health seeking behaviors of adolescent females at a community level

METHODS

This cross-sectional descriptive study was conducted at the Department of Obstetrics Gynecology, Institute of child and Mother Health, Matuail, Bangladesh. The study duration was 6 months, from July 2007 to December 2007. A total of 98 adolescent females were selected for this study from all the adolescent girls visiting the study hospital. Informed written consent was obtained from either the girls or their legal guardian regarding their participation in the study. Ethical approval was obtained from the ethical review committee of the study hospital. All the date were collected by face-to face interview with the adolescents girls attending the Adolescent's clinic in ICMH, OPD by using a semi- structured questionnaire developed in English. Collected data was then analyzed using the SPSS softeware.

Inclusion Criteria

- Adolescents attending the study hospital
- Patients who had given consent to participate in the study.
- Adolescent women facing any form of reproductive problems
- Did not receive any previous medical treatment for their reproductive health problems.

Exclusion Criteria

- Unable to answer the criteria question.
- Exclude those affected with other chronic diseases like heart disease, tuberculosis etc.

RESULTS

Table 1: Distribution of participants by social Characteristics of the participants (n=98)

Characteristics	Frequency	Percentage
Age group		
< 14 years	20	20.4
14-16 years	33	33.7
>16 years	45	45.9
Mean ± SD	15.95± 1.824	
Marital Status		
Married	31	31.6
Unmarried	67	68.4

Among the participants majority (45.9%) was of more than 16 years, 33.7% was in between 14 to 16 years and the rest 20.4% was of less than 14 years, Mean ±SD is 15.95±1.824. 31.6% was married and 68.4% was unmarried,

Table 2: Distribution of participants by cause of seeking help at the clinic (n=98)

Cause	Frequenc	Percentag
Lower abdominal pain	36	36.7
Menstrual problem	30	30.6
Vaginal discharge	20	20.4
Lower abdominal pain & Menstrual problem	8	8.3
Lower abdominal pain & Vaginal discharge	2	2
Menstrual problem &Vaginal discharge, Others	2	2

Of all the participants 36.7% had only lower abdominal pain, 30.6% had only menstrual problem, 20.4% had complaints of only vaginal discharge, 8.3% had both lower abdominal pain and menstrual problem, 2% complained of both lower abdominal pain and vaginal discharge and the rest 2% had menstrual problem, vaginal discharge and other problems as well.

Table 3: Distribution of the participants by source of knowledge regarding clinic (n=98)

Information of the clinic	Frequency	Percentage
From a relative	72	73.5
From a leaflet	18	18.4
From a health camp	8	8.2

Majority of the participants that is 73.5% got the information about the clinic from a relative and rest of them 18.4% and 8.2% got from leaflets and health camp respectively.

Table 4: Distribution of participants by various characteristics regarding lower abdominal pain (n=46)

Characteristic	Frequency	Percentage
Association of pain with menstruation		
Yes	45	97.2%
No	1	2.8%
Nature of pain		
Sharp	2	5.7%
Dull	44	94.3%
Duration of Suffering from the pain		
1-6 months	35	76.1%
7-12 months	8	17.4%
>12 months	3	6.5%

97.2% of participants had association of lower abdominal pain with menstruation, 94.3% had dull abdominal pain while 5.7% experienced sharp pain. 76.1% had been suffering from the lower abdominal pain for about 1 to 6 months, 17.4% had been suffering for 7 to 12 months and 6.5% of participants had been suffering for more then 12 months.

Table 5: Distribution of participants by various characteristics regarding menstrual problem (n=40)

Characteristics	Frequency	Percentage
Duration of menstrual problem		
1-6 months	21	52.5
7-12 months	8	20
>12months	11	27.5
Regularity of Cycles		
Yes	21	52.5
No	19	47.5
Duration of Menstrual period		
<3 days	7	17.5
3-5 days	10	25
5-7 days	9	22.5
>7 days	14	35
Menstrual flow		
Heavy	24	60
Average	14	35
Scanty	2	5
History of using OCP		
Yes	5	24
No	35	76
Age of menarche		
11 years	4	10
12 years	11	27.5
13 years	16	40
14 years	9	22.5
Association of pain		
Yes	10	25
No	30	75

52.5% participants had 1 to 6 months duration of menstrual problem, 20% had the problem for 7 to 12 months and rest 27.5% had more than 12 months duration of menstrual problem. Among all participants only 52.5% had regular menstrual cycle. Among the participants 35% had more than 7 days duration of menstrual period 25% had 3 to 5 days, 22.5% had 5 to 7 days and the rest 17.5% had less than 3 days duration. 60% had heavy menstrual flow, 35% had an average flow and the rest 5% had scanty flow. Majority that is 76% participants gave no history of using OCP. 40% girls had menarche on 13 years of age, 27.5% had on 12 years of age, 22.5% had on 14 years of age and the rest 10% had on 11 years of age.75% of participants had no association of pain with menstruation while other 25% had.

Table 6: Distribution of participants by various characteristics regarding vaginal discharge (n=22)

Vaginal Discharge	Frequency	Percentage
Duration of vaginal discharge problem		
1-6 months	14	63.6%
7-12 months	6	27.3%
>12 months	2	9.1%
Character of the discharge		
Thick	11	50.0%
Watery	11	50.0%

Among the participants 63.6% had the problem of vaginal discharge for about 1 to 6 months, 27.3% had the problem for 7 to 12 months and the rest 9.1% of participants had vaginal discharge for more than 12 months. 50% had thick vaginal discharge while other 50% had watery discharge.

DISCUSSION

The main objective of this study was to assess adolescent's health seeking behavior regarding reproductive health issues. Accordingly, data regarding their cause of visit and their source of information regarding the clinic were also recorded. The mean age of the participants of the present study was 15.95 years, with majority of the participants being older than 16 years. As this study was conducted with only adolescent females, this age distribution is quite understandable. Similar studies regarding knowledge of reproductive health also prioritized participants from age group of 15-19, so they also had a high prevalence of participants over the age of 16 years.[9],[10] Almost 68.4% of the participants were unmarried among the study population. This was also understandable as child marriage has greatly decreased over the years in Bangladesh. Majority of the participants (73.5%) came to know about the health clinic from their relatives, which is a common occurrence, as the study was conducted with young women who are more likely to discuss about their physical changes and problems with their family members first, before anyone else. Among the total 98 participants, 12 patients had visited the clinic due to having more than one complication, while majority (36.7%) had visited the clinic due to heavy lower abdominal pain. Similarly, 30.6% had menstrual problems, while the remaining 20.4% had visited the hospital due to vaginal discharge. This was somewhat different to the general findings of such studies, as most adolescent females tend to visit the hospital only after abnormal vaginal discharge or menstrual problems.[11] This discrepancy might be explained by the study location, as our study was conducted in an urban area, while other similar studies were mostly conducted in rural areas, where health related benefits were scarce.[10],[12] Among the 46 participants in total who had visited the hospital regarding lower abdominal

pain, almost all (97.2%) had their pain associated with their menstruation period. 94.3% had faced dull pain, while the remaining 2 had sharp pain. A large number of participants (76.5%) had decided to visit the hospital after having pain for 1-6 months, while the remaining participants had pain for an even longer period. 40 participants in total had menstrual problems during their hospital visit. Similar to the patients who had visited due to lower abdominal pain, over half the participants had menstrual problems for 1-6 months, while 20% had suffered from menstrual problems for 7-12 months, and 27.5% had suffered for over a year before visiting the hospital. However, 52.5% of the 40 participants had regular menstrual cycles. Duration of menstrual period was between 5-7 days for 22.5%, and over 7 days for 35%. Although general menstruation period lasts for about 3-5 days, at adolescence, this can last for over 7 days, which was supported by the findings of a study by Hillard et al.[13] Heavy menstruation flow was observed in 60% of the participants, while 35% had a normal menstruation flow. Heavy menstruation bleeding is a very common problem among adolescents, and occurs almost all over the globe.[14] Menstruation cycle and flow can often be influenced by contraceptive pills.[15],[16] But among the present study participants, only 5 had a history of using OCP. This low prevalence of OCP use was, however, understandable, as most of the participants were unmarried. Among those facing menstruation problem, 40% of the participants had age of menarche at 13 years, while another 27.5% had age of menarche at 12 years. This was similar to various other Bangladeshi studies, where mean age of menarche among participants ranged from 13.0-13.4 years.[10],[17] Very few participant with menstrual problem complained about associated pain (10/40). Similar to the previous findings, majority of those facing vaginal discharge had also had their problem for 1-6 months. Thick and watery discharge had equal distribution among those facing vaginal discharge problem.

Limitations of The Study

The study was conducted in a single hospital with a small sample size. So, the results may not represent the whole community.

CONCLUSION

The study observed that there were very few participants visiting the hospital after facing problems for a short duration. Majority had their problems for 1-6 months, while some participants had also suffered from their problems for over a year before seeking medical help. This indicates a lack of interest in overall health seeking behavior among participants. Knowledge regarding hospital or health center were mainly acquired from family members.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. *Adolescence, The critical phase, The challenges and the potential, WHO, Regional office for South-east Asia, New Delhi,200.*
2. *Özdemir A, Utkualp N, Palloş A. Physical and psychosocial effects of the changes in adolescence period. International Journal of Caring Sciences. 2016 May 1;9(2):717-23.*
3. *Robertson AS. Current Status of Sexual and Reproductive Health: Prospects for Achieving the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals in the Pacific. Asia-Pacific Population Journal. 2007 Dec 1;22(3).*
4. *Hindin MJ, Fatusi AO. Adolescent sexual and reproductive health in developing countries: an overview of trends and interventions. International perspectives on sexual and reproductive health. 2009 Jun 1;35(2):58-62.*
5. *ESP- Rh, DFP and LIP February 2001, Training manual on Adolescent Health safe Motherhood Clinical Contraception and Infertility.*

6. *Khan AR, Jahan FA, Begum SF: Maternal mortality in rural Bangladesh: the Jamalpur district. Stud fam plan 2001; 17(1): 7-12.*
7. *Koenig MA, Fauveau V, Clowdhury AL Chakraborty J, khan MA. Maternal mortality in Matlab, Bangladesh: 116-2000. Stud fam plan 2001; 19(2): 69-80.*
8. *Shampa RM. Adolescent Reproductive Health: A Challenge For The Millennium. Bangladesh Medical Journal. 2010;39(2):45-9.*
9. *Mittal K, Goel MK. Knowledge regarding reproductive health among urban adolescent girls of Haryana. Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine. 2010 Oct;35(4):529.*
10. *Dube S, Sharma K. Knowledge, attitude and practice regarding reproductive health among urban and rural girls: A comparative study. Studies on Ethno-medicine. 2012 Aug 1;6(2):85-94.*
11. *Oh MK, Richey CM, Pate MS, Brown PR, Hook III EW. High prevalence of Chlamydia trachomatis infections in adolescent females not having pelvic examinations: utility of PCR-based urine screening in urban adolescent clinic setting. Journal of adolescent health. 1997 Aug 1;21(2):80-6.*
12. *Kyilleh JM, Tabong PT, Konlaan BB. Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the West Gonja District in Northern region, Ghana. BMC international health and human rights. 2018 Dec;18(1):1-2.*
13. *Hillard PJ. Menstruation in young girls: a clinical perspective. Obstetrics & Gynecology. 2002 Apr 1;99(4):655-62.*
14. *Sokkary N, Dietrich JE. Management of heavy menstrual bleeding in adolescents. Current Opinion in Obstetrics and Gynecology. 2012 Oct 1;24(5):275-80.*
15. *Redman LM, Weatherby RP. Measuring performance during the menstrual cycle: a model using oral contraceptives. Medicine & science in sports & exercise. 2004 Jan 1;36(1):130-6.*
16. *Kirschbaum C, Kudielka BM, Gaab J, Schommer NC, Hellhammer DH. Impact of gender, menstrual cycle phase, and oral contraceptives on the activity of the hypothalamus-pituitary-adrenal axis. Psychosomatic medicine. 1999 Mar 1;61(2):154-62.*
17. *Chowdhury S, Shahabuddin AM, Seal AJ, Talukder KK, Hassan Q, Begum RA, Rahman Q, Tomkins A, Costello A, Talukder MQ. Nutritional status and age at menarche in a rural area of Bangladesh. Annals of human biology. 2000 Jan 1;27(3):249-56.*