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Health Care Problems of Unmarried Women in Rural Areas: A Study in Chidambaram Area, Cuddalore District, Tamil Nadu

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Abstract

Rural women are among the most marginalized groups in Indian society. Many welfare policies are being launched and executed in favour of rural women, who have historically been marginalized. Despite these efforts, rural women continue to be affected by various issues, particularly poor health, which is linked to their productivity and human capital. In this regard, the WHO states that "better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as a healthy population lives longer, is more productive, and saves more." Rural women have limited access to and opportunities to utilize health care policies. Through our study, we intended to assess the perceptions of unmarried women regarding health-care-seeking behaviour related to problems during menstruation. In this study, 300 unmarried women aged 15–35 were selected as the sample. Although the schedules were administered to all 300 women selected in the sample villages for this study, the data were collected from the respondents using a well-structured interview schedule. The association between the health problems at various levels reported by the women in the study area and their socio-economic and demographic variables was analysed using the chi-square test. The major health problems reported by respondents in the study area were analysed with regard to the socio-economic and demographic characteristics of the women. Abdominal pain, profuse bleeding, irregular periods, breast tenderness, painful menstruation, leg pain/backache, headache/vomiting sensation, and white discharge were the major problems reported by the women in the study area. To assess the health problems of women during menstruation, unmarried women were considered for further analysis.

Keywords: *Health, Abdominal pain, Profuse bleeding, Irregular periods, Painful menstruation, White discharge.*

1. Introduction

The World Health Organization defines health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” Health is one of the crucial components of general well-being and a central feature of human development. Health is particularly important for women, especially during their reproductive years, as most of their reproductive health problems arise during that period. Women form an equal proportion of the population and have their own social and medical problems. The morbidity and mortality profile of women in any country is specific to their socio-demographic and other environment-related conditions. The general health and well-being of a woman greatly depend on a healthy reproductive life. The leading cause of ill health in women of reproductive age worldwide can be attributed to reproductive health problems, especially in developing countries. Jawaharlal Nehru, the first Prime Minister of India, said, “You can tell the condition of a nation by looking at the status of its women.” He rightly pointed out that women are more privileged people in this country. Women in rural areas face different health problems compared to

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those living in towns and cities. Rural women are key contributors to the national income and can produce significant amounts of food products. In India, rural women are among the most disadvantaged people in terms of their health status and access to accurate and appropriate health information and comprehensive, adequate, and affordable health services. Access to health knowledge, like sex education and reproductive health, is very weak among rural women. Rural women's health is being affected all over India as the traditional food chain is shifting to fast food.

2. Methods And Materials

The researcher selected four villages in Chidambaram Taluk in Cuddalore district. For each village, 75 respondents were randomly selected for this study. Thus, 300 unmarried women within the age group of 15–35 were chosen as the sample. Although the schedules were administered to all the women selected in the sample villages, the data were collected from the respondents using a well-structured interview schedule. The researcher visited each household and collected relevant data from the women. The respondents extended their full cooperation during the data collection process. The collected data were classified and tabulated with the help of computer programming. Data interpretation was done using percentage analysis. The association between the health problems at various levels reported by the mothers in the study area and their socio-economic and demographic variables was established using the chi-square test.

3. Objectives

- Analysis the socio-economic and demographic characteristics of the women in the study area.
- Examine the health problems of unmarried women in the study area.

4. Results And Discussion

Health problems associated with the premarital period of rural women in the sample areas were cross-classified with their socio-economic and demographic backgrounds. In the first part, the health problems of women in the sample area before their marriage were analyzed with their background characteristics. The association between the problems faced by the women during their premarital period and their socio-economic and demographic characteristics was analyzed.

5. Health Problems Before Marriage And Background Characteristics

The following table shows the distribution of respondents by their health problems before marriage and their socio-economic background. From the table, it can be inferred that among the 300 women assessed, the majority of the respondents (65%) suffered from one or more health problems before their marriage. Women suffering from these problems were cross-classified with their socio-economic and demographic characteristics, and the inferences are as follows Table 1 shows the Distribution of Respondents by Health Problems before Marriage and their background Characteristics. women with younger ages, women with high menarche age, women engaged in agricultural occupation, women belonging to the families of lower income groups, and women belonging to the families spending less money for medical expenses. Profuse bleeding was also a reproductive health problem reported by 117 (60%) women among the 300 women assessed. While analysing the women reported profuse bleeding before their marriage with their socioeconomic and demographic background, it was found that the prevalence of this problem was higher among non-SC/ST women, women belonging to nuclear families, less educated women, women with younger ages, women with high menarche age, women engaged in agricultural occupations, Like the other problems, women from the families of low income groups and spending lesser money for their medical expenses were higher among the respondents reported the problems of breast tenderness. Painful menstruation is also a health problem reported by more than one-fourth of the respondents who reported health problems in the study area reproductive health, is very weak among rural women. Rural women's health is being affected all over India as the traditional food chain is shifting to fast food

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Table 1 Distribution of Respondents by Health Problems before Marriage and There Background Characteristics

SED/Sub-Variables	No	Yes	Total	Chi-square	df	P value
Religion						
Hindu	104(35.6)	188(64.4)	292(100.0)	1.82	1	0.17
Christian	1(12.5)	7(87.5)	8(100.0)			
Total	**105(35.0)**	**195(65.0)**	**300(100.0)**			
Caste						
SC/ST	15(20.3)	59(79.7)	74(100.0)	9.36	1	0.002 (S)
Others	90(39.8)	136(60.2)	226(100.0)			
Total	**105(35.0)**	**195(65.0)**	**300(100.0)**			
Family type						
Nuclear family	57(33.5)	113(66.5)	170(100.0)	0.37	1	0.54
Joint family	48(36.9)	82(63.1)	130(100.0)			
Total	**105(35.0)**	**195(65.0)**	**300(100.0)**			
Education						
Illiterate	16(57.1)	12(42.9)	28(100.0)	19.85	6	0.003 (S)
Primary	30(42.3)	41(57.7)	71(100.0)			
Middle	22(40.0)	33(60.0)	55(100.0)			
High school	25(32.1)	53(67.9)	78(100.0)			
Hr. Secondary	7(28.0)	18(72.0)	25(100.0)			
Graduate	5(13.5)	32(86.5)	37(100.0)			
Professional	0(00.0)	06(100.0)	6(100.0)			
Total	**105(35.0)**	**195(65.0)**	**300(100.0)**			
Present Age						
≤ 15	07 (31.82)	15 (68.18)	22(100.0)	7.08	4	0.13
16-20	36 (35.64)	65(64.36)	101(100.0)			
21-25	45(35.43)	82(64.57)	127(100.0)			
26-30	12)(34.29)	23(65.71)	35(100.0)			
Above 30	05(33.33)	10(66.67)	15(100.0)			
Total	**105(35.0)**	**195(65.0)**	**300(100.0)**			
Age at Menarche						
≤12	5(25.0)	15(75.0)	20(100.0)	5.26	4	0.26
13	7(20.6)	27(79.4)	34(100.0)			
14	13(33.3)	26(66.7)	39(100.0)			
15	35(38.0)	57(62.0)	92(100.0)			
Above 16	45(39.1)	70(60.9)	115(100.0)			
Total	**105(35.0)**	**195(65.0)**	**300(100.0)**			
Occupation						
Agriculture	42(38.5)	67(61.5)	109(100.0)	2.46	3	0.48
Coolies/wages	38(36.5)	66(63.5)	104(100.0)			
Business/Trade	10(32.3)	21(67.7)	31(100.0)			
Employed	15(26.8)	41(73.2)	56(100.0)			
Total	**105(35.0)**	**195(65.0)**	**300(100.0)**	13.92	6	0.03 (S)
Annual Household Income						
≤10,000	42(37.5)	70(62.5)	112(100.0)			

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10,001-20,000	39(36.1)	69(63.9)	108(100.0)			
20,001-30,000	11(44.0)	14(56.0)	25(100.0)			
30,001-40,000	3(25.0)	9(75.0)	12(100.0)			
40,001-50,000	3(33.3)	6(66.7)	9(100.0)			
50,001-60,000	1(10.0)	9(90.0)	10(100.0)			
Above 60,000	6(25.0)	18(75.0)	24(100.0)			
Total	**105(35.0)**	**195(65.0)**	**300(100.0)**	14.66	5	0.02 (S)
Medical Expenditure						
≤500	46(35.4)	84(64.6)	30(100.0)			
501-1000	34(42.0)	47(58.0)	81(100.0)			
1001-1500	10(34.5)	19(65.5)	29(100.0)			
1501-2000	4(23.5)	13(76.5)	17(100.0)			
2001-2500	4(33.3)	8(66.7)	12(100.0)			
Above 2500	7(22.6)	24(77.4)	31(100.0)			
Total	**105(35.0)**	**195(65.0)**	**300(100.0)**			

As far as the religion is concerned, nearly 65 percent of the respondents belong to Hindu religion were suffered by many of the health problems before their marriage. The percentage of women suffered by these problems among scheduled castes women (79.7%) is higher than that of the women belong to other castes (60.2%). It is also inferred that there is no significant variation among the percentages of women belong to Nuclear and Joint family suffered by health problems before their marriage. Surprisingly, the prevalence of problems was higher among the women with higher education than the women with relatively lower education and illiterates. While examining the women reported health problems with their present age, it was found that, nearly 70 percent of the women who suffered health problems were in the age group of less than 15 years. The age group wise analysis of the women who suffered one or more health problems revealed that higher percentage (66%) of the women in the age group of above 30 years reported health problems than the women in the other age groups. The analysis shows that there is no significant association between the occupational status of the respondents and the prevalence of health problems. As most of the respondents belong to the income category of less than Rs.20, 000 per annum, the women suffered health problems were also high among the women belong to low income category of less than Rs. 20,000. The medical expenses per annum of the family has been cross classified with the prevalence of health problems among women. It was also found to be that more than 63.3 percent of the women spending lesser amount of money as their medical expenses reported health problems. The percentages of women in the higher income and higher medical expenses categories were less in number it is not meaningful to corroborate these variables with the women reported health problems before their marriage. The association between the prevalence of health problems and there socio-economic and demographic background were tested with the use of chi-square statistical test. The analysis shows that, caste educational level, annual household income and medical expenses of the household are significantly associated with the prevalence of health problems before marriage since the value of $p < 0.05$.

6. Types of Health Problems and Socio-Economic and Demographic Background

Health problems reported by the respondents before their marriage were analysed in relation to their socio-economic and demographic characteristics. Abdominal pain, profuse bleeding, irregular menstrual periods, breast tenderness, painful menstruation, leg pain/backache, headache/vomiting sensation, and white discharge were the common problems reported by the respondents in the sample area. Among the 300 women assessed, 195 (65%) reported that they had one or more of these problems before marriage. The following table analyses the women who reported the health problem of abdominal pain before marriage with their background characteristics. Among the 195

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respondents who reported health problems, 132 (67.7%) indicated that they had abdominal pain before their marriage. The number of women who reported abdominal pain was higher among non-SC/ST women. The incidence of abdominal pain was also higher among women from nuclear families, younger age respondents, and women of higher menarche age, women engaged in agricultural occupations and daily wage jobs, women from low-income families, and women from families that spend less on medical expenses. Profuse bleeding was also a reproductive health problem reported by 117 (60%) women among the 300 women assessed. While analysing the women reported profuse bleeding before their marriage with their socioeconomic and demographic background, it was found that the prevalence of this problem was higher among non-SC/ST women, the women belonging to nuclear families, less educated women, women with younger ages, women with high menarche age, women engaged in agricultural occupation, women belonging to the families of lower income groups, and women belonging to the families spending less money for medical expenses. Profuse bleeding was also a reproductive health problem reported by 117 (60%) women among the 300 women assessed. While analysing the women reported profuse bleeding before their marriage with their socioeconomic and demographic background, it was found that the prevalence of this problem was higher among non-SC/ST women, women belonging to nuclear families, less educated women, women with younger ages, women with high menarche age, women engaged in agricultural occupations, women belonging to families of lower income groups, and women belonging to families spending less money for medical expenses. Among the 195 respondents who reported health problems, 48.2 percent (94) of the women responded that they had irregular menstrual periods before their marriage. Among the 94 women who reported health problems relating to irregular menstrual periods, the majority (56.5%) of them were from joint families. Similarly, illiterate women and women with lower educational status reported more of the problem of irregular periods than women with higher educational status. Higher educational status lowers the problem of irregular menstrual periods. Hence, a negative association between educational status and the prevalence of the problem of irregular menstrual periods has been established. The analysis of women who reported such problems with their age at menarche shows that there is an opposite relationship between the age at menarche of the women and the prevalence of the problem of irregular menstrual periods. The prevalence of the problem was higher among women engaged in agriculture and business or trade. Similarly, the problem of irregular menstrual periods was higher among the respondents in low-income categories, and the families were spending less money on their medical expenses. The problem of breast tenderness is a problem relating to women faced by a considerable proportion of women in the rural areas of India as well as Tamil Nadu. In the study area, among the 195 respondents who reported health problems before their marriage, only 42 women (21.5%) responded that they had suffered from breast tenderness problems before their marriage. More than 73 percent of women who reported breast tenderness were from nuclear families. The analysis shows that the problem of breast tenderness was higher among women with a higher menarche age. Women engaged in agricultural activities and receiving daily wages were more likely to report breast tenderness. Like the other problems, women from the families of low income groups and spending lesser money for their medical expenses were higher among the respondents reported the problems of breast tenderness. Painful menstruation is also a health problem reported by more than one-fourth of the respondents who reported health problems in the study area. Among the women who reported painful menstruation before marriage, the majority were women of the non-SC/ST category. Women of Nuclear families were higher among those reported painful menstruation than the women belong to Joint families. Unlike other problems, the problem of painful menstruation has no significant association with the educational status of the respondents. Since the number of respondents reporting painful menstruation has spread through all the educational categories, more than 68 percent of the respondents

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reported painful menstruation in the age group of less than 30 years. Respondents with a higher menarche age were likely to have the problem of painful menstruation. This inference has been established from the above analysis. The prevalence of the problem was also higher among the respondents engaged in agriculture occupations and daily wages/coolies. A higher percentage of women belong to families of low-income groups and spend less money on their medical expenses, citing the problem of painful menstruation. Leg pain or back pain was also a health problem reported by two-thirds of the respondents among the 195 respondents who reported health problems before marriage. Among 130 respondents who reported leg or back pain before marriage, 72.3 percent of the women were from nuclear families. It was found from the analysis that there is no significant association between the educational status of the respondents and the prevalence of leg or back pain. The prevalence of this problem was higher among the young respondents. 50 percent of the women who reported leg or back pain were in the age group of under 24 years. Nearly 65.0 percent of the women belong to the higher menarche age (more than 15 years) group. 72.3 percent were engaged in agricultural occupations and as daily wagers or coolies. Further analysis shows that more than 74.0 percent of the respondents belong to families of low-income groups (less than Rs. 20,000 per annum) and spend a lesser amount on medical expenses. Among the women who reported headache or vomiting sensations in the study area, the percentage of women belonging to nuclear families (57.5%) was higher than the percentage of women belonging to joint families (42.5%). The percentage of women who reported headaches or vomiting sensations was higher among illiterates than among other women of higher educational status. The age-wise classification of women who reported head ache or vomiting sensation shows that the percentage of women was spreading through all the age groups and was high among the women with higher ages at menarche. More than 50.0 percent of the women who reported headaches or vomiting sensations were engaged in agricultural occupations and daily wagers. A higher proportion of women in families with lower income and spending more money for medical expenses reported a headache or vomiting sensation. Out of 195 women who reported health problems before their marriage, just above 50.0 percent reported that they had suffered from white discharge. Among these women, more than 59.0 percent belong to nuclear families. The analysis of the table shows that there is no significant association between educational status and the prevalence of white discharge. Younger age respondents and women with higher ages at menarche reported more of the problem of white discharge in the study area. Similarly, women engaged in agricultural occupations and daily wagers were higher than other occupational categories among the women who reported white discharge. Unlike other problems, the prevalence of the problem of white discharge was widespread irrespective of their household income and the amount of expenses spent on their household medical expenses. Table 2 shows the Distribution of Respondents Reported any Health Problems Before Marriage by their Socio- Economic and Demographic Background.

Table 2 Distribution of Respondents Reported Any Health Problems before Marriage by Their Socio- Economic and Demographic Background

SED / Sub Variables	Abdomen pain	Profuse bleeding	Irregular period	Breast Tenderness	Painful menstruation	Pain in legs Backache	Feeling of Headache / Vomiting	White Discharge	Total	Chi-square	df	P value
Religion												
Hindu	125(66.49)	113(60.11)	92(48.94)	40(21.28)	48(25.53)	125(66.49)	74(39.36)	94(50.00)	188(64.4)	3.76	7	0.80
Christian	07 (100.0)	4(57.14)	2(28.57)	2(28.57)	3(42.86)	5(71.43)	1(14.29)	3(42.86)	7(87.5)			
Total	132(67.69)	117(60)	94(48.21)	42(21.54)	51(26.15)	130(66.67)	75(38.46)	97(49.74)	**195(65.0)**			
Caste												
SC/ST	44(74.58)	31(52.54)	24(40.68)	20(33.90)	15(26.42)	36(61.07)	20(33.90)	37(62.71)	59(79.7)	11.9	7	0.10

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Others	88(64.71)	86(63.24)	70(51.47)	22(16.18)	36(25.42)	94(69.12)	55(40.44)	60(44.11)	136(60.2)	1		
Total	132(67.69)	117(57.14)	94(48.21)	42(21.54)	51(26.15)	130(66.67)	75(38.46)	97(49.74)	**195(65.0)**			
Family type												
Nuclear family	80(70.80)	64(56.64)	48(42.48)	31(27.43)	35(30.97)	95(84.07)	43(38.05)	58(51.33)	113(66.5)	18.47	7	0.001 (S)
Joint family	52(63.41)	53(64.63)	46(56.10)	11(13.41)	16(19.51)	35(42.68)	32(39.02)	39(47.56)	82(63.1)			
Total	132(67.69)	117(60)	94(48.21)	42(21.54)	51(26.15)	130(66.67)	75(38.46)	97(49.74)	**195(65.0)**			
Education												
Illiterate	10(83.33)	10(83.33)	10(83.33)	3(25.00)	4(33.33)	7(58.33)	6(50.00)	6(50)	12(42.9)	21.17	42	0.99
Primary	27(65.85)	28(68.29)	25(60.98)	6(14.63)	11(26.83)	26(63.41)	15(36.59)	20(48.78)	41(57.7)			
Middle	19(57.58)	18(54.55)	16(48.48)	6(18.18))	8(24.24)	22(66.67)	15(45.45)	18(54.55)	33(60.0)			
High school	41(77.36)	38(71.70)	23(43.40)	13(24.53)	13(24.53)	38(71.70)	20(37.74)	29(54.72)	53(67.9)			
Hr. Secondary	11(61.11)	11(61.11)	10(55.56)	5(27.78)	6(33.33)	13(72.22)	5(27.78)	11(61.11)	18(72.0)			
Graduate	20(62.5)	9(28.13)	10(31.25)	8(25.00)	8(25)	22(68.75)	12(37.50)	10(31.25)	32(86.5)			
Professional	4(66.67)	3(50)	0(0)	1(16.67)	1(16.67)	2(33.33)	2(33.33)	3(50)	06(100.0)			
Total	132(67.69)	17(60)	94(48.21)	42(21.54)	51(26.15)	130(66.67)	75(38.46)	97(49.74)	**195(65.0)**			
Present Age												
≤ 15	22(78.57)	16(57.14)	13(46.43)	7(25.00)	7(25)	19(67.86)	10(35.71)	18(64.29)	15 (75.0)	19.23	28	0.89
16-20	38(63.33)	35(58.33)	29(53.06)	6(10.00)	15(25)	46(76.67)	30(50.00)	32(53.33)	65(64.36)			
21-25	29(59.18)	29(59.18)	26(53.06)	16(32.65)	13(26.53)	35(71.43)	17(34.69)	26(53.06)	82(64.57)			
26-30	19(73.08)	17(65.38)	12(46.15)	8(30.77)	9(34.62)	14(53.85)	8(30.77)	9(34.62)	23 (65.71)			
Above 30	24 (75)	20(62.38)	14(43.75)	5(15.63)	7(21.88)	16(50)	10(31.25)	12(37.5)	10(66.67)			
Total	132(67.69)	117(60)	94(48.21)	42(21.54)	51(26.15)	130(66.67)	75(38.46)	97(49.74)	**195(65.0)**			
Age at Menarche												
≤12	13(86.67)	4(26.67)	11(73.33)	4(26.67)	2(13.33)	9(60)	6(40.00)	11(73.33)	15(75.0)	19.24	28	0.89
13	18(66.67)	11(40.74)	10(37.04)	8(29.63)	6(22.22)	20(74.07)	10(37.04)	13(48.15)	27(79.4)			
14	19(73.08)	19(73.08)	12(46.15)	7(26.92)	9(34.62)	17(65.38)	12(46.15)	19(73.08)	26(66.7)			
15	35(61.40)	34(59.65)	28(49.12)	9(15.79)	12(21.05)	38(66.67)	23(40.35)	27(47.37)	57(62.0)			
Above 16	47(67.14)	49(70)	33(47.14)	14(20.00)	22(34.62)	46(65.71)	24(34.29)	27(38.57)	70(60.9)			
Total	132(67.69)	117(60)	9(48.21)	42(21.54)	51(26.15)	130(66.67)	75(38.46)	97(49.74)	**195(65.0)**			
Occupation												
Agriculture	43(64.18	47(70.15)	44(65.67)	16(23.88)	26(38.81)	51(76.12)	25(37.31)	36(53.73)	67(61.5)	18.95	21	0.58
Coolies/wages	44(66.67)	41(62.12)	27(40.91)	15(22.73)	15(22.73)	43(65.15)	26(39.39)	37(56.06)	66(63.5)			
Business/ Trade	17(80.95)	15(71.43)	13(61.90)	4(19.05)	2(9.52)	15(71.43)	7(33.33)	8(38.10)	21(67.7)			
Employed	28(68.29)	14(34.15)	10(24.39)	7(17.07)	8(19.51)	21(51.22)	17(41.46)	16(39.02)	41(73.2)			
Total	132(67.69)	117(60)	94(48.21)	42(21.54)	51(26.15)	130(66.67)	75(38.46)	97(49.74)	**195(65.0)**			
Annual household income												
≤ 10,000	45(64.29	56(80)	34(48.57)	1724.29)	21(30)	50(71.43)	24(34.29)	35(50)	70(62.5)	55.76	42	0.05 (S)
10,001-20,000	45(65.22)	43(62.32)	39(56.52)	12(17.39)	20(28.99)	47(68.12)	27(39.13)	38(55.07)	69(63.9)			
20,001-30,000	11(78.57)	4(28.57)	8(57.14)	4(28.57)	4(28.57)	11(78.57)	4(28.57)	7(50)	14(56.0)			
30,001-40,000	7(77.78)	2(22.22)	4(44.44)	3(33.33)	2(22.22)	7(77.78)	6(66.67)	4(44.44)	9(75.0)			
40,001-50,000	4(66.67)	1(16.67)	1(16.67)	1(16.67)	1(16.67)	2(33.33)	4(66.67)	5(83.33)	6(66.7)			
50,001-60,000	6(66.67)	3(33.33)	4(44.44)	3(33.33)	2(22.22)	4(44.44)	3(33.33)	3(33.33)	9(90.0)			
Above 60,001	14(77.78)	8(44.44)	4(22.22)	2(11.11)	1(5.56)	3(16.67)	7(38.39)	5(27.78)	18(75.0)			
Total	132(67.69)	117(60)	94(48.21)	42(21.54)	51(26.15)	130(66.67)	75(38.46)	97(49.74)	**195(65.0)**			
Medical Expenditure												
<=500	56(66.67)	64(76.19)	44(52.38)	20(23.81)	28(33.33)	56(66.67)	28(33.33)	39(46.43)	84(64.6)	31.32	35	0.64
501-1000	33(70.21)	28(59.57)	25(53.19)	11(23.40)	17(36.17)	32(68.09)	23(48.94)	23(48.94)	47(58.0)			
1001-1500	15(78.95)	8(42.11)	10(52.63)	3(15.79)	0(00.00)	13(68.42)	5(26.32)	10(52.63)	19(65.5)			
1501-	7(53.85)	4(30.77)	4(30.77)	1(7.69)	1(7.69)	9(69.23)	6(46.15)	7(53.85)	13(76.5)			

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2000												
2001-2500	5(62.50)	6(75)	4(50)	3(37.5)	1(12.50)	4(50.00)	1(12.5)	4(50.00)	8(66.7)			
Above 2501	16(66.67)	7(29.17)	7(29.17)	4(16.67)	4(16.67)	16(66.67)	12(50)	14(58.33)	24(77.4)			
Total	132(67.69)	117(60)	94(48.21	42(21.54	51(26.15)	130(66.67)	75(38.46)	97(49.74)	**195(65.0)**			

7. Place of Treatment Taken

Treatment Taken for their problems before marriage, of the total of 195 women who reported health problems, only 31.3 per cent of women sought treatment for their problems, and the other 68.7 per cent did not seek any treatment. Place of treatment taken before marriage by the respondents. 64.5% per cent of respondents sought treatment in private hospitals, 19.4 per cent of women sought treatment in government health facilities and 16.1 per cent were traditional practices.

Summary and Conclusion

Health Problems of Women before Marriage Out of 300 women assessed, 195 (65%) reported health problems during their premarital stage. Among the 195 respondents who have experienced problems, more than two-thirds of women reported abdominal pain, leg pain, and back pain. Profuse bleeding was also a common problem experienced by 60 percent of the women. White discharge, irregular periods, and vomiting sensation were also the problems of 50 percent of the women. Only 62 (32% of women) sought care for their problems, with a majority (64.5%) using private providers, followed by 19.35% of government providers. 16.13 percent of women in the sample area still sought locally available traditional medicines for their illnesses. Health Problems of Women before Marriage and Socio-Economic and Demographic Background Women suffering from these problems were cross-classified according to their socioeconomic and demographic characteristics, and the inferences are as follows: As far as religion is concerned, nearly 65 percent of the respondents who belong to the Hindu religion suffered from many health problems before their marriage. The percentage of women suffering from these problems among scheduled caste women (79.7%) is higher than that of women belonging to other castes (60.2%). It is also inferred that there is no significant variation among the percentages of women who belong to nuclear and joint families and suffered from health problems before their marriage. Surprisingly, the prevalence of problems was higher among women with higher education than among women with relatively lower education and who were illiterate. While examining the women's reported health problems with their present age, it was found that more than 45 percent of the women who suffered health problems were in the age group of less than 24 years. The age group-wise analysis of the women who suffered one or more health problems revealed that a higher percentage (70%) of the women in the age group of 25–29 years reported health problems than the women in the other age groups. The analysis shows that there is no significant association between the occupational status of the respondents and the prevalence of health problems. As most of the respondents belong to the income category of less than Rs.20, 000 per annum, the number of women who suffered health problems was also high among those who belonged to the low-income category of less than Rs. 20,000. The medical expenses per year of the family have been cross-classified with the prevalence of health problems among women. It was also found that more than 63.3 percent of the women spending a lesser amount of money as their medical expenses reported health problems. The percentages of women in the higher income and higher medical expenses categories were smaller, so it is not meaningful to corroborate these variables with the women who reported health problems before their marriage. While the health problems of the women before marriage were cross-classified with the socioeconomic and demographic variables, it can be inferred that there was no significant association between religion, caste, and their socioeconomic and demographic variables. But family type is significantly associated with health problems before marriage ($p<0.05$). The annual household income is significantly associated ($p > 0.05$), whereas other variables like education, age, age at menarche,

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occupation, and medical expenses have no significant association ($p > 0.05$). Policy Suggestions Women`s reproductive health care-seeking behavior during the premarital stage appears far from optimal. Future intentions for home delivery and unskilled childbirth were highly indicated. Inadequate awareness and decision-making were obvious. Effective measures need to be considered at the community and health sector levels to enhance awareness and increase the utilization of health care services. Awareness campaigns for menstrual hygiene, along with active participation from these women themselves in voicing their problems and solving them mutually with women's community action, is the immediate need of the hour. In the study area, a higher percentage of women in the higher age groups sought health care from government health facilities. Women of younger ages prefer private health facilities for their health problems. Hence, there is an urgent need to create awareness among young women about health services rendered by government health facilities at free and low cost, and the quality of the health care services of the government health care facilities has to be improved so as to enable the young rural women to make use of the health care services.

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