

Knowledge Awareness and Consequences on some Allied Factors of Uterus Diseases for Ever-Married Women in Kola Union, Badalgachhi, Naogaon District of Bangladesh

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Abstract

Background

Women reproductive health is always treated as a neglected matter in most of the countries in the world especially in developing country. Uterus disease has become an important issue in Bangladesh. Women are either not aware about the uterus disease or refuse to seek health care due to economic, unsecure society and time constrains unless suffering from alarming symptoms.

Objective

The aim of the study is to investigate the awareness, knowledge and perception about uterus disease among ever married women.

Method

A total of 300 respondents (ever married women) data are collected using structured questionnaire for direct interview. Descriptive and bivariate analysis is used to examine the significance of considered independent factors to dependent.

Result

It has revealed that about 73.3% ever married women have knowledge about uterus disease but their knowledge is very poor. Among them about 38.7% get knowledge about uterus disease from health worker and 31.0% from doctors. Again out of total ever married women, about 47.3% are directly affected by uterus disease. Among them about 12.3% suffer for bulky or prolapsed uterus, 32.3% for infection, 2.3% for tumor and only 0.7% for uterine cancer. In contingency analysis, it has revealed that age of the respondents, educational status and husband education, family types, age at first marriage, abortion, suffering for likoria, irregular period, urgent urination, pain during or after menstrual period, cramping during menstruation, menstrual bleeding, prolonged menstrual bleeding and more than one time menstruation in a month have significant association with uterus diseases.

Conclusion

Uterus disease may reduce through proper education and developing socioeconomic condition of the people. Therefore, government should take proper step to create awareness about uterus diseases among women and in their counter partner.

Keywords – Uterus diseases, Reproductive health, Ever married women, Consequences of uterus diseases.

I. INTRODUCTION

Women's health is always remained neglected because of the traditional reductionist approach in the less developed countries in the world. Uterus diseases are very common in Bangladesh. Due to the physical phenomenon of women, uterus diseases may happen and its intensity may increase due to some factors.

A significant lacuna persists in understanding the factors influencing gynecological morbidity due to various types of disease as well as consequences for women's lives. Gynecological diseases cover a range of conditions with a wide spectrum of lethality, chronicity and substantial impact on women's quality of life (Inamdar et al., 2013; Chatterjee and Bandyopadhyay, 2015). According to Medline Plus (U.S National Library of Medicine) there are several pathologies and diseases condition involving the uterus. These include large uterus (bulky/ prolapsed uterus), infection of the uterus, benign and non-malignant tumors of the uterus or uterine fibroids, cervix cancer and cancer of the endometrium (in one words uterine cancer). A bulky uterus is a condition that is also called adenomyosis or uterine prolapsed. Uterine prolapse is one of the major health problems that affect the sexual and reproductive health of women (Subedi, 2011; Shrestha et al., 2014; Shrestha, 2015; Amos et al., 2015). It is the descent of one or more vaginal segments: the anterior wall, the posterior wall or the apex of the vagina, with a protrusion of the pelvic organs into or out of the vagina (Devkota and Pampaibool, 2014). According to WHO, worldwide occurrence of uterine prolapse is estimated about 2% to 20% among women under age 45 years. Women understand that pelvic organ prolapsed induces various difficulties and symptoms. Indeed more than 85% women contend with physical discomforts, e.g. difficulty walking, standing, working, sitting and lifting, resulting from uterine bulging. Furthermore, urinary and bowel symptoms are common and many women have difficulty with sexual activity (Shrestha et al., 2014). Reproductive tract infection (RTI) represents a major public health problem. Women are either not aware of the symptoms of RTI or refuse to seek health care due to economic and time constraints unless suffering from alarming symptoms (Yasmin and Mukherjee, 2012). Again, RTIs and sexually transmitted infections (STIs) create a huge burden of disease and adversely impact reproductive health of women. They are more common in developing countries than developed (Ratnaprabha et al., 2015).

On the other hand, uterine fibroids (leiomyomas or myomas) are extremely common benign neoplasm of the uterus. The lifetime prevalence of fibroids exceeds 80% among black women and approaches 70% among white women (Baird, 2003). The incidence of uterine fibroid depends on age and race (Sealy, 2012; Adegbesan-Omilabu et al., 2014). The precise a etiology of uterine fibroids is still unknown, but genetic determinants in addition to hormonal factors estrogen, growth hormone (e.g. androgen, estrogen, clonidine, propranolol) and epidermal growth factor, play a synergistic or facilitative role in their growth (Adegbesan-Omilabu et al., 2014). Fibroids can cause heavy or prolonged menstrual bleeding and resultant anemia in women in reproductive age. Fibroid related bleeding can also occur in post-menopausal women, but bleeding in this population should prompt evaluation for more worrisome causes of this symptom, including endometrial hyperplasia and carcinoma (Baird, 2003).

Similar way, uterine cancer is the most common in women, about 9% of all female cancers. It is the third most common cancer in the world, and is more common in less developed countries where it accounts for more than 85% of the global burden of cancer. Cervical cancer forms in the tissues of the cervix. It is usually a slow growing cancer that may not have symptoms but can be found with regular Pap tests. Cervical cancer is almost always caused by Human Papilloma virus (HPV) infection (Ndlovu, 2011; Ombech et al., 2012; Pengpid and Peltzer, 2014). It is malignant neoplasm of the cervix uteri or cervical area. It may present with vaginal bleeding but symptoms may be absent until the cancer is in its advanced stages (WHO/ICO Information Centre on HPV and Cervical Cancer, 2009). About 11,956 new cervical cancer cases are diagnosed annually in Bangladesh (estimations for 2012). Cervical cancer ranks as the 2nd cause of female cancer in Bangladesh. It is the 2nd most common female cancer of women aged 15 to 44 years in Bangladesh (HPV information centre, 2015). Abortion is one of the most vulnerable causes of uterus. That is why those women have maximum possibility to attack with uterus disease who face abortion at least one time in their reproductive period. Abortion tendency should be reduced to save our women from uterus disease. Due to uterus diseases women face many problems in their life. It brings unhappiness in their conjugal life too. They can't give full attention in their family work and feel several types of pain due to uterus disease.

Although women in the urban area are somehow conscious due to the health care facilities as well as their economic conditions the women in the rural are neglected. The study area Kola Union under Badalgachhi upazilla of Naogaon district, Bangladesh are relatively less developed and the health care facilities are poor. As such it a matter of concern, that how the ever married women in such areas are aware about the uterus diseases ? The question have been justified in this study by setting the objectives

- i) to assess the existing knowledge, awareness and consequences of uterus diseases among ever married women.
- ii) to evaluate the knowledge and awareness about several symptoms of the uterus diseases among ever married women and
- iii) to examine the association of socioeconomic, demographic and reproductive health related factors with uterus diseases.

II. DATA AND METHODOLOGY

The study considers those females who are married and to fulfill the intension of the study, ever married women age 15 and above years old. This study is conducted under multistage sampling system. In first stage, one upozila has been selected from out of eight from Naogaon district though simple random sampling technique which are Badalgacchi. In second stage, one union (Kola) has been selected from out of eight from Badalgacchi upozila using similar way simple random sampling technique. In third stage, one village (keshail) has been selected from kola union using same procedure. Finally, a structured questionnaire is used for direct interview for all householders in that village for collect data and a total of 300 households return their fill-up questionnaire. Statistical techniques like descriptive analysis is used to examine the background characteristics of the respondents (ever married women) and contingency analysis is used to examine the significance of the association between considered dependent and independent factors. All analyses are conducted using statistical package for social science (SPSS) version 20.

III. DISCUSSION OF RESULTS

On basis of the surveyed data, some demographic and socioeconomic factors have considered according to the reviewed literatures. The related factors influencing the knowledge of reproductive health and uterus diseases have also been measured. Further association of knowledge about uterus disease with demographic, socioeconomic and reproductive health related factors and perception about uterus diseases have justified using contingency analysis. Association of the use hygienic method during menstruation with demographic and socioeconomic factors have also been analysed and the results are discussed accordingly in this section.

Demographic and socioeconomic factors

Table 1 contains that out of total ever married women about 97.0% is Islam and only 3.0% Hindu. Figure 1 shows the percentage distribution according to the respondent's age groups.

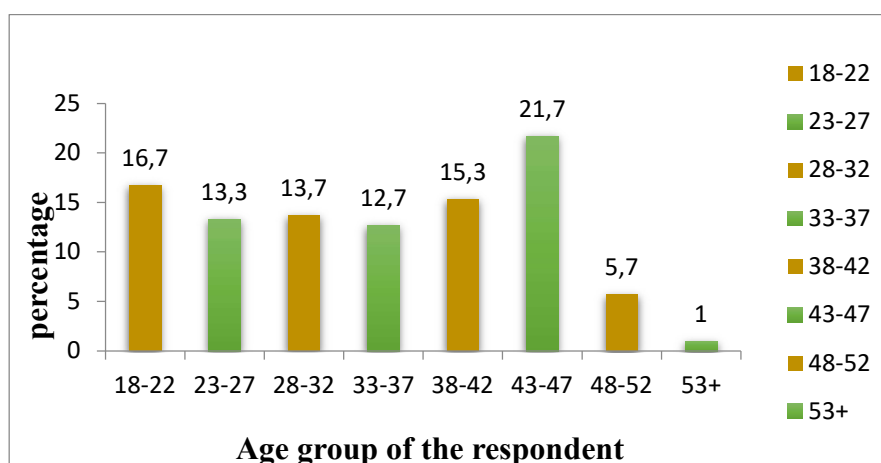


Figure 1: Percentage distribution of the respondents age group

About 16.7%, 13.3%, 13.7%, 12.7%, 15.3%, 21.7% and 5. 7% ever married women belongs to age group 18-22 years, 23-27 years, 28-32 years, 33-37 years, 38-42 years, 43-47 years and 48-52 years, respectively and only 1.0% is 53+ years. In case of respondent's educational status, it is found that about 14.0% are illiterate, 70.3% primary, 10.3% SSC, only 1.7% HSC and 3.7%

higher. On the other hand, about 3.0% respondent's husband are illiterate, 74.7% primary, 11.3% SSC, 7.0% HSC and 4.0% higher education. It is observed from Table 1 that about 4.0% respondents are day labor, 93.3% housewife, 1.3% service and 1.3% others occupation. Whereas, about 28.3% respondent's husband are day labor, 41.0% farmer, 13.7% business and 3.3% others occupation. Table 3.1 provides that about 59.0% respondent's family's monthly income is 7000-10000 Tk., 15.0% 11000-14000 Tk., 13.3% 15000-18000 Tk. and 12.0% 19000+ Tk. It may conclude that most of the respondent's monthly income is very low due to living in village. Monthly expenditure depends on the monthly income of the family. It is seen from Table 1 that about 49.0% respondents family's expenditure is 9000-11000 Tk., 38.0% less than or equal 8000 Tk. and 13.0% 12000+ Tk.

Table 1: Percentage distribution of demographic and socioeconomic factors

Background characteristics	Frequency	%	Total (n)	Background characteristics	Frequency	%	Total (n)
Religious				Family types			
Muslim	291	97	300	Single	242	80.7	300
Hindu	9	3		joint	58	19.3	
Age group				Respondents edu.			
18-22	50	16.7		Illiterate	42	14.0	
23-27	40	13.3		Primary	211	70.3	
28-32	41	13.7		SSC	31	10.3	
33-37	38	12.7	300	HSC	5	1.7	300
38-42	46	15.3		Higher	11	3.7	
43-47	65	21.7					
48-52	17	5.7					
53+	3	1.0					
Respondents Occup.				Husband edu.			
Day labor	12	4.0		Illiterate	9	3.0	
Housewife	280	93.3	300	Primary	224	74.7	
Service holder	4	1.3		SSC	34	11.3	300
others	4	1.3		HSC	21	7.0	
				Higher	12	4.0	
Husband occup.				Monthly expenditure			
Day labor	85	28.3		<=8000	114	38.0	
Farmer	123	74.7		9000-11000	147	49.0	300
Business	41	11.3	300	12000+	39	13.0	
Service holder	41	7.0					
others	10	4.0					
Monthly income							
7000-10000	177	59.0					
11000-14000	45	15.0	300				
15000-18000	40	13.3					
19000+	38	12.7					

Knowledge of reproductive health and uterus diseases related factors

From Table 2 it is observed that about 56.3% respondent age at menarche was 11-12 years and 43.7% 13+ years. Since government rule of age at marriage is 18 years, whereas present study reveals that about 95.0% respondents age at marriage is less than 18 years and only 3.0% 18-22 years (Figure 2). Again it is revealed From Figure 2 that about 49.7% respondents was married exactly in age 15 years, 23.7% in age 16 and only 1.0% in age 22 years.

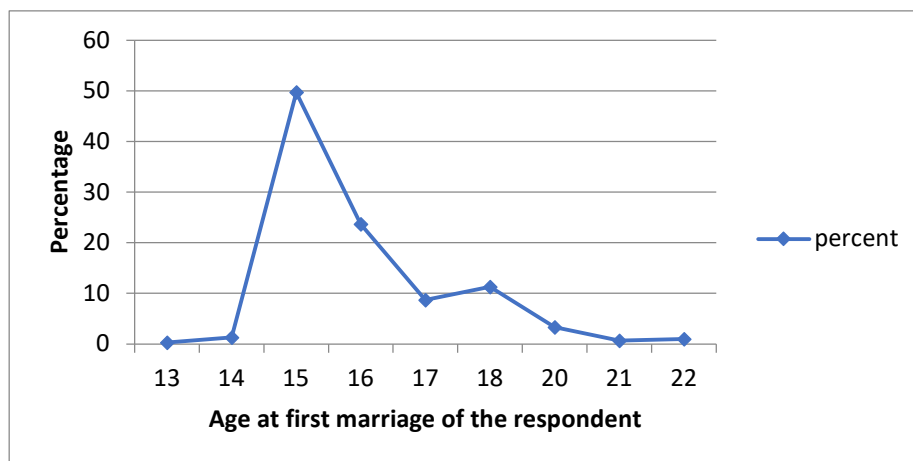


Figure 2: Percentage distribution of age at first marriage of the respondents

The Figure 3 contains that the maximum respondents menarche to first marriage duration is only 3 years and it is about 41.0%. Thereafter, about 21.3% respondents menarche to first marriage duration is 2 years and 14.7% is 4 years. Only 0.3% respondents menarche to first marriage duration is 9 years and 0.7% is 10 years.

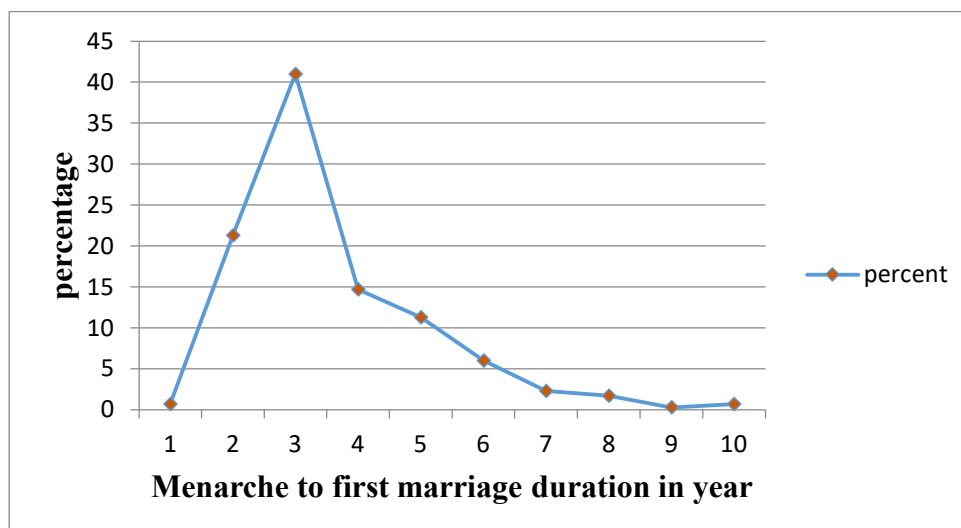


Figure 3: Percentage distribution of menarche to first marriage duration.

According to the Figure 4, about 58.3% respondents marriage to first birth duration is 1-2 years, 27.3% 3-4 years and only 3.0% is 5+ years.

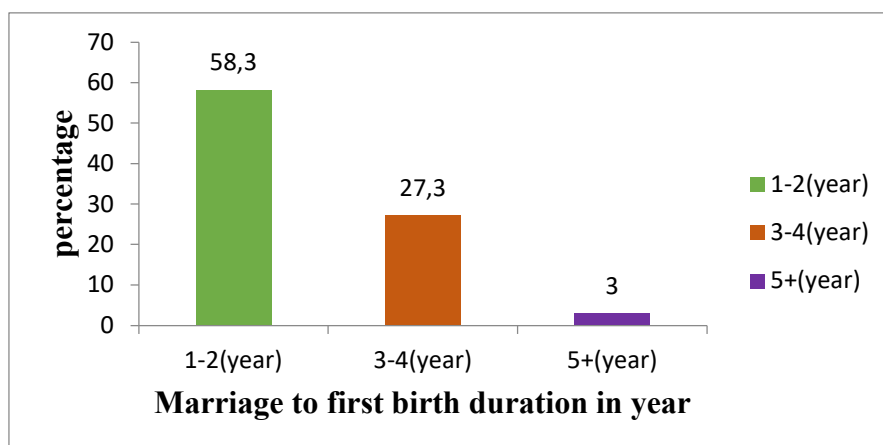


Figure 4: Percentage distribution of marriage to first birth duration

Due to early marriage, the age at first child is also too early. It is found that about 71.0% respondents experienced with first child at 15-19 years, whereas only 17.7% experienced with first child at 20-25. It means that only 17.7% respondents take first child at proper child-bearing age (Table 2). It is found that about 20.3% respondents face miscarriage. Table 2 shows that about 31.0% respondents are identified that they have abortion experience. It is observed from Table 3.2 that about 82.7% respondents use contraceptive. Among them, it is found that about 42.6% use pill, 7.3% injection, 14.7% condom and only 3.7% other contraceptive methods. On the other hand, about 14.3% respondents are found with sterilization and 17.7% don't use any contraceptive methods (Table 2). Table 2 indicates that about 73.3% respondents have knowledge about uterus diseases. Among them, about 3.6% know about uterus diseases from television, 38.7% from health workers and 31.0% from other source (i.e. doctor or hospital).

Table 2: Percentage distribution of reproductive health related knowledge

Background characteristics	Frequency	%	Total (n)	Background characteristics	Frequency	%	Total (n)
Age at menarche				Contraceptive use			
12	169	56.3	300	Yes	248	82.7	300
13	131	43.7		No	52	17.3	
Knowing source of uterus diseases				Contracep. Types			
Newspaper	0	0.0		Pill	128	42.7	
Radio	0	0.0		Injection	22	7.3	
Television	11	3.6	300	Sterilize	43	14.3	300
Health worker	116	38.7		Condom	44	14.7	
Others	93	31.0		Others	11	3.7	
Missing	80	26.7		Missing	53	17.3	
Age at first child				Age at first marriage			
15-19	213	71.0	300	<18	285	95.0	300
20-25	53	17.7		18-22	15	5.0	
Missing	34	11.3					
Miscarriage experi.				Uterus diseases knowledge			
Yes	61	20.3	300	Yes	220	73.3	300
No	239	79.7		No	80	26.7	
Abortion experie.							
Yes	93	31.0	300				
No	207	69.0					

Knowledge and perception about uterus diseases

From Table 3, it is found that about 47.3% respondents are affected by uterus disease. Among uterus diseases affected ever married women, about 12.3% affected by uterus bulky problem, 32.0% face infection, 2.3% tumor and only 0.7% cancer. Again among the affected ever married women, about 1.3% affected before marriage, 5.7% before child birth and 40.3% after child birth. Again from Table 3, it is observed that about 46.3% are affected by likoria problem. Among uterus diseases affected respondents, about 6.0% feel pelvis pain, 23.0% pain in the lower side of the body and 18.3% feel back pain. Table 3 shows that about 72.7% have regular menstruation experience. Table 3 depicts that about 27.3% respondents have irregular menstruation and among them about 18.7% taken treatment from doctor and 8.7% don't get treatment. It is observed that about 10.3% respondents feel frequent or urgent urination. Among uterus diseases affected respondents, about 14.3% feel nausea, 5.3% face weight loss, 20.3% feel tiredness and 7.3% feel loss of appetite. It is revealed that about 42.0% feel pain for menstruation. It is also found that about 11.3% respondents feel cramping during menstruation. Again among uterus diseases affected respondents, about 17.0% have excess bleeding during menstruation.

Table 3 depicts that about 18.7% respondents menstruation bleeding continue more than seven days, 8.7% face more than one time menstruation in a month and 10.0% face light bleeding out of 47.3% uterus diseases affected. Again it is seen in that about 23.0% respondent's blood connected family member have uterus (Table 3). It is found that about 5.0% respondents remove uterus due to problem among 47.3% uterus diseases affected. Table 3 shows that about 0.7% uterus diseases affected respondents face heart problem due to remove uterus and 4.3% face high BP. Again Table 3 contains that among 47.3% uterus diseases affected respondents, about 44.3% face problem in conjugal life.

Table 3: Uterus diseases and its reasons related factors

Background characteristics	Freq.	%	Total (n)	Background characteristics	Freq.	%	Total (n)
Face uterus diseases				Cramping during menstruation			
Yes	142	47.3	300	Yes	34	11.3	300
No	158	52.7		No	266	88.7	
Uterus diseases types				Excess bleeding during menstruation			
Bulky	37	12.3		Yes	51	17.0	300
Tumor	7	2.3		No	249	83.0	
Infection	96	32.0	300				
Cancer	2	0.7					
Missing	158	52.7					
Face uterus diseases time				Menstruation seven days			
Before marriage	4	1.3		Yes	56	18.7	300
Before child birth	17	5.7		No	244	81.3	
After child birth	121	40.3	300				
Missing	158	52.7					
Face too much likoria				More than one time menstruation in a month			
Yes	139	46.3	300	Yes	26	8.7	300
No	161	53.7		No	274	91.3	
Types of pain facing				Menstruation bleeding			
Pelvis	18	6.0		Yes			
Lower side of the body	69	23.0		No	30	10.0	300
Lower stomach	0	0.0	300		270	90.0	
Back pain	55	18.3					
Missing	158	52.7					

Menstruation regular				Have/had uterus diseases of any family member			
Yes	218	72.7		Yes	69	23.0	
No	82	27.3	300	No	231	77.0	300
Take treatment for irregular menstruation				Lost uterus due to problem			
Yes	56	18.7		Yes	15	5.0	300
No	26	8.7	300	No	285	95.0	
Missing	218	72.7					
Urgent urination face				Face diseases for lost uterus			
Yes	31	10.3	300	Heart problem			
No	169	89.7		High BP	2	0.7	
				Diabetic	13	4.3	300
				Missing	0	0.0	
					285	95.0	
Face problem for uterus diseases				Facing problem in conjugal life for uterus diseases			
Nausea	43	14.3		Yes	133	44.3	300
Weight loss	16	5.3	300	No	167	55.7	
Tiredness	61	20.3					
Loss of appetite	22	7.3					
Missing	158	52.7					
Feel pain time of menstruation				Facing problem in daily work for uterus diseases			
Yes	126	42.0	300	Yes	97	32.3	
No	174	58.0		No	203	67.7	300

Awareness about uterus diseases

From Table 4, it is observed that about 46.7% respondents use healthy system during menstruation period, 36.3% visit doctor for uterus problem. Again from Table 4, it is found that about 23.0% ever married women have knowledge about free via-test, 23.0% know about via test, 9.0% have experience of via-test.

Table 4: Uterus diseases awareness related factors

Awareness about uterus diseases	Frequency	Percentage (%)	Number (n)
Using healthy system during menstruation			
Yes	140	46.7	
No	160	53.3	300
Visiting doctor for uterus diseases			
Yes	109	36.3	300
No	191	63.7	
Having knowledge about free via-test			
Yes	69	23.0	300
No	231	77.0	
Having experience of via-test			
Yes	27	9.0	
No	43	14.3	300
Missing	230	76.7	

Association of knowledge about uterus disease with demographic, socioeconomic and reproductive health related factors

It is found from Table 5 that the knowledge about uterus disease increases among ever married women with rise of age. A significant association is found between the knowledge about uterus disease and age (p-value 0.000). Knowledge about uterus disease rises with educational level increase. The association between educational status and knowledge about uterus disease is also significant (p-value 0.015). It reveals that the association of husband occupational status with knowledge about uterus diseases is significant (p-value 0.005). A significant association is also found between family income level and knowledge about uterus diseases (p-value 0.002). The association between family types and knowledge about uterus diseases is significant (p-value 0.047). It is observed from Table 5 that about 85.2% ever married women have knowledge about uterus disease who experienced with miscarriage (Table 5). The association between miscarriage experience and knowledge about uterus disease is statistically significant (p-value 0.018). Similarly from Table 5, it is observed that the about 95.7% ever married women have knowledge about uterus disease who experienced about abortion and the association between them is highly statistically significant (p-value 0.000). It means previous abortion experience may increase uterus disease among ever married women. It is found that about 76.2% ever married women have knowledge about uterus disease who use contraceptive method (Table 6). The association between them is significant with p-value 0.014.

Table 5: The association of the knowledge about uterus disease according to the demographic, socioeconomic and reproductive health related factors

Background characteristics	Do you know about uterus disease?		Background characteristics	Do you know about uterus disease?	
	Yes (%)	No (%)		Yes (%)	No (%)
Age group***			Educational status*		
18-22	21 (42.0)	29 (58.0)	Illiterate	30 (71.4)	12 (28.6)
23-27	30 (75.0)	10 (25.0)	Primary	146 (69.2)	65 (30.8)
28-32	33 (80.5)	8 (19.5)	SSC	28 (90.3)	3 (9.7)
33-37	33 (86.8)	5 (13.2)	HSC	5 (100.0)	0 (0.0)
38-42	39 (84.8)	7 (15.2)	Higher	11 (100.0)	0 (0.0)
43-47	48 (73.8)	17 (26.2)			
48-52	13 (76.5)	4 (23.5)			
53+	3 (100)	0 (0.0)			
Occupational status			Family income ***		
Day labor	9 (75.0)	3 (25.0)	7000-10000	120 (67.8)	57 (32.2)
Housewife	203 (72.5)	77 (27.5)	11000-14000	30 (66.7)	15 (33.3)
Service holder	4 (100.0)	0 (0.0)	15000-18000	36 (90.0)	4 (10.0)
Others	4 (100.0)	0 (0.0)	19000+	34 (89.5)	4 (10.5)
Husband education			Husband occup.***		
Illiterate	7 (77.8)	2 (22.2)	Day labor	50 (58.8)	35 (41.2)
Primary	159 (71.0)	65 (29.0)	Farmer	93 (75.6)	30 (24.4)
SSC	27 (79.4)	7 (20.6)	Business	34 (82.9)	7 (17.1)
HSC	15 (71.4)	6 (28.6)	Service holder	34 (82.9)	7 (17.1)
Higher	12 (100.0)	0 (0.0)	Others	9 (90.0)	1 (10.1)
Family types *			Age at first child		
Single	183 (75.6)	59 (24.4)	15-19	163 (76.5)	50 (23.5)
Joint	37 (63.8)	21 (36.2)	20-25	42 (79.2)	11 (20.8)
Age at menarche			Did you face miscarr.?*		
12	120 (71.0)	49 (29.0)	Yes	52 (85.2)	9 (14.8)
13	100 (76.3)	31 (23.7)	No	168 (70.3)	71 (29.7)
Age at first marriage			Did you face abortion?***		
>18	207 (72.6)	78 (27.4)	Yes	89 (95.7)	4 (4.3)

18-22	13 (86.7)	2 (13.3)	No	131 (63.3)	76 (36.7)
Did you use contracep.??*					
Yes	189 (76.2)	59 (23.8)			
No	31 (59.6)	21 (40.4)			

Note: Level of significance, *** = 0.001, ** = 0.010 and * = 0.025

Association of the use hygienic method during menstruation with demographic and socioeconomic factors

From Table 6 shows that the young ever married women use hygienic method more than elder and the association between them is significant with p-value 0.000. It is observed that the use hygienic method during menstruation increases according to increase the educational status of ever married women and the association between them is also significant. It means higher educated women are more aware to use hygienic method during menstruation period than lower. A significant association is found between occupation of ever married women and hygienic method during menstruation (p-value 0.004). Again Table 6 shows that the use hygienic method increases according to increase the husband's educational status and the association between them is significant (p-value 0.000). From Table 6 it is seen that the use hygienic method during menstruation and husband occupational status is found statistically significant (p-value 0.000). Similarly, Table 6 represents that the family income and use hygienic method during menstruation is statistically significantly associated (p-value 0.000). Table 6 depicts that about 40.9% single family living ever married women use hygienic method during menstruation period. The p-value is 0.000 indicates that the association between them is statistically significant.

Table 6: The association of the hygienic method use during menstruation with demographic and socioeconomic factors

Background characteristics	Use hygienic method during menstruation?		Background characteristics	Use hygienic method during menstruation?	
	Yes (%)	No (%)		Yes (%)	No (%)
Age group***			Educational status***		
18-22	39 (78.0)	11 (22.0)	Illiterate	4 (9.5)	38 (90.5)
23-27	31 (77.5)	9 (22.5)	Primary	94 (44.5)	117(55.5)
28-32	24 (58.5)	17 (41.5)	SSC	27 (87.1)	4 (12.9)
33-37	16 (42.1)	22 (57.9)	HSC	5 (100.0)	0 (0.0)
38-42	12 (26.1)	34 (73.9)	Higher	10 (90.9)	1 (9.1)
43-47	14 (21.5)	51 (78.5)			
48-52	4 (23.5)	13 (76.5)			
53+	0 (0.0)	3 (100.0)			
Occupational status**			Family income***		
Day labor	2 (16.7)	10 (83.3)	7000-10000	55 (31.1)	122(68.9)
Housewife	130 (46.4)	150 (53.6)	11000-14000	27 (60.0)	18 (40.0)
Service holder	4 (100.0)	0 (0.0)	15000-18000	26 (65.0)	14 (35.0)
Others	4 (100.0)	0 (0.0)	19000+	32 (84.2)	6 (15.8)
Husband education***			Husband occupation***		
Illiterate	1 (11.1)	8 (88.9)	Day labor	24 (28.2)	61 (71.8)
Primary	82 (36.6)	142(63.4)	Farmer	43 (35.0)	80 (65.0)
SSC	29 (85.3)	5 (14.7)	Business	30 (73.2)	11 (26.8)
HSC	17 (81.0)	4 19.0)	Service holder	34 (82.9)	7 (17.1)
Higher	11 (91.7)	1 (8.3)	Others	9 (90.0)	1 (10.0)
Family types***					
Single	99 (40.9)	143(59.1)			
Joint	41 (70.7)	17 (29.3)			

Note: Level of significance, *** = 0.001, ** = 0.010 and * = 0.025

Socioeconomic and demographic factors association with uterus disease

The pattern of uterus disease among ever married women is high with increase the age. The association between age group and uterus disease is statistically significant (p-value 0.000). It reveals that uterus disease is low among ever married women whose educational level is high and significant association is found between educational level and uterus disease (p-value 0.000). Table 7 shows that the association between occupational status and uterus diseases is significant (p-value 0.046). A significant association is found between both respondents and husband educational level and uterus disease (p-value is 0.000). Again from Table 7 it is seen that the family income and family types are significantly associated with uterus diseases (p-value 0.010 and 0.001).

From Table 7 it is found that about 51.5% respondents are affected by uterus disease whose age at menarche is 12 years and 42.0% age at menarche is 13. There is no significant association between uterus disease and age at menarche. Again it is found that about 49.8% respondents age at marriage is less than 18 years and affected by uterus disease (Table 7). A significant association is found between age at first marriage and uterus disease (p-value 0.000). Study reveals that age at first child and uterus disease are significantly associated (p-value 0.029). Table 7 depicts that about 91.4% respondents are affected by uterus disease who face abortion and the association between abortion and uterus diseases is significant (p-value 0.000) Therefore, it may conclude that abortion have significant effect on uterus disease. A significant association is found between contraceptive use and uterus diseases (p-value 0.043). According to menarche to first marriage duration, about 50.0%, 55.7% and 23.9% respondents with duration 1-2, 3-4 and 5+ years are suffering with uterus diseases respectively. A significant association is found between menarche to first marriage and uterus diseases (p-value 0.000). Similarly, menarche to first child duration is also significantly associated with uterus diseases.

It reveals that about 98.6% respondents are suffering likoria among ever married women and they are also suffering with uterus disease (Table 7). The significant association is found between likoria and uterus diseases (p-value 0.000). It reveals that about 96.3% respondents suffer with uterus diseases and 28.9% suffer whose period is regular. It means that irregular period holders are suffering more with uterus diseases than irregular period. A significant association is found between regular period and uterus diseases (p-value 0.000). Almost 100.0% respondents are affected by uterus disease whose have frequent or urgent urination and association between urgent urination and uterus diseases is significant (p-value 0.000). Again Table 7 depicts that about 92.2% respondents are affected by uterus disease who feel pain during menstrual period. A significant association is found between them (p-value 0.000). About 97.1 respondents suffer with uterus diseases who face cramping and significant association is found between them (p-value 0.000). Table 7 shows that about 100.0% respondents are suffered by uterus disease due to excess menstrual bleeding and association between excess menstrual bleeding and uterus disease is significant (p-value 0.000). Again it is observed that prolonged menstrual bleeding (100.0%) is most sufferers by uterus disease and p-value 0.000 indicates that prolonged menstrual bleeding have significant impact on uterus disease. Similarly Table 7 shows that menstruation more than one time in a month, less menstrual bleeding and uterus diseases in family are significantly associated with uterus diseases (p-value 0.000). It is found that those ever married women are less affected by uterus diseases due to use hygienic method during menstruation (24.3) and the association between them is statistically significant (p-value 0.000).

Table 7: The association of the uterus disease with demographic, socioeconomic and reproductive health related factors

Background characteristics	Did you suffer for uterus disease?		Background characteristics	Did you suffer for uterus disease?	
	Yes(%)	No(%)		Yes(%)	No(%)
Age group***			Husband Education***		
18-22	1 (2.0)	49 (98.0)	Illiterate	7 (77.8)	2 (22.2)
23-27	7 (17.5)	33 (82.5)	Primary	118(52.7)	106(47.3)
28-32	19 (46.3)	22 (53.7)	SSC	14 (42.2)	20 (58.8)
33-37	19 (50.0)	19 (50.0)	HSC	3 (14.3)	18 (85.7)
38-42	38 (82.6)	8 (17.4)	Higher	0 (0.0)	12(100.0)
43-47	43 (66.2)	22 (33.8)			
48-52	12 (70.6)	5 (29.4)			
53+	3 (100)	0 (0.0)			

Educational Status***			Husband Occupation		
Illiterate	30 (71.4)	12 (28.6)	Day labor	39 (45.9)	46 (54.1)
Primary	103 (48.8)	108(51.2)	Farmer	68 (55.3)	55 (44.7)
SSC	8 (25.8)	23(74.2)	Business man	19 (46.3)	22 (53.7)
HSC	1 (20.0)	4 (80.0)	Service holder	13 (31.7)	28 (68.3)
Higher	0 (0.0)	11(100.0)	Others	3 (30.0)	7 (70.0)
Occupational status*			Family income**		
Day labor	8 (66.7)	4 (33.3)	7000-10000	90 (50.8)	87 (49.2)
Housewife	132(47.1)	148(52.9)	11000-14000	20 (44.4)	25 (55.6)
Service holder	1 (25.0)	3 (75.0)	15000-18000	23 (55.7)	17 (42.5)
Others	1 (25.0)	3 (75.0)	19000+	9 (23.7)	29 (76.3)
Family types***			Did you face abortion?***		
Single	126(52.1)	116(47.9)	Yes	85 (91.4)	8 (8.6)
Joint	16 (27.6)	42 (72.4)	No	57 (27.5)	150(72.5)
Age at first menarche			Do you use contracep.*?		
12	87 (51.5)	82 (48.5)	Yes	124(50.0)	124(50.0)
13	55 (42.0)	76 (58.0)	No	18 (34.6)	34 (65.4)
Age at first marriage***			Menarche to marriage***		
<18	142(49.8)	143(50.2)	1-2	33 (50.0)	33 (50.0)
18-22	0 (0.0)	15 (100)	3-4	93 (55.7)	74 (44.3)
			5+	16 (23.9)	51 (76.1)
Age at first child*			Menarche to first birth*		
15-19	120(56.3)	93 (43.7)	3-5	77(59.7)	52 (40.3)
20-25	21 (39.6)	32 (60.4)	6+	64 (46.7)	73 (53.3)
Miscarriage experience?			Marriage to first birth		
Yes	35 (57.4)	26 (42.6)	1-2	98 (56.0)	77 (44.0)
No	107(44.8)	132(55.2)	3-4	39 (47.6)	43 (52.4)
			5+	4 (44.4)	5 (55.6)
Did you suffer for likoria?***			Did you face two times menstruation in a month***		
Yes	137(98.6)	2 (1.4)	Yes	26 (100)	0 (0.0)
No	5 (3.1)	156(96.9)	No	116(42.3)	158(57.7)
Does your period regular?***			Does menstrual bleeding light?***		
Yes	63 (28.9)	155(71.1)	Yes	27 (90.0)	3 (10.0)
No	79 (96.3)	3 (3.7)	No	115(42.6)	155(57.4)
Did you face urgent urination?***			Were family members uterus disease?***		
Yes	31 (100)	0 (0.0)	Yes	52 (75.4)	17 (24.6)
No	111(41.3)	158(58.7)	No	90 (39.0)	141(61.0)
Did you feel pain in menstrual period?***			Did you face excess menstrual bleeding?***		
Yes	125(99.2)	1 (0.8)	Yes	51 (100)	0 (0.0)
No	17 (9.8)	157(90.2)	No	91 (36.5)	158(63.5)
Did you have cramping in menstruation?***			Are you hygienic during menstruation?***		
Yes	33 (97.1)	1 (2.9)	Yes	34 (24.3)	106(75.7)

No	109(41.0)	157(59.0)	No	108(67.5)	52 (32.5)
Does menstrual bleeding continue 7+ days?***					
Yes	56 (100)	0 (0.0)			
No	86 (35.2)	15 (64.8)			

Note: Level of significance, *** = 0.001, ** = 0.010 and * = 0.025

Reproductive health, a crucial aspect of general health is of significant importance for human development especially for women. Although most reproductive health problems arise during the reproductive period and in old age general health continues to reflect earlier reproductive life events. Failure to deal with reproductive health problems in terms gynecological disorders at any stage in life sets the scene for later health and developmental problems. Gynecological diseases cover a range of conditions with wide spectrum of lethality and chronicity and a substantial impact on women's quality of life. Like many other developing countries, reproductive health diseases particularly uterus disease has become a major issue in our country as well as all over the world. It is the second most common disease among women in Bangladesh. This study reveals that early marriage is significantly associated with uterus diseases. It means married women are more likely to face uterus diseases. This findings is supported by the previous study (Shrestha et al., 2014; Azhar et al., 2014). A significant association of ever married women living into single family with uterus diseases indicates that they have higher chances to face uterus diseases. Ever married women with other reproductive health related problem like likoria, irregular menstruation, painful menstruation and excess bleeding in menstruation are all factors significantly associated with uterus diseases indicates that and those ever married women have higher chances to have experienced with uterus diseases. It is also similar with previous study conducted in Bangalore, India (Wong et al., 2009; Ratnaprabha et al., 2015). This study is identified that respondents education, husband education and family income are significantly associated with uterus diseases. This means higher education and high income have lower chance to have experienced with uterus diseases than primary and illiterate and low income holder ever married women. This finding is similar with previous study conducted in Nepal (Devkota and Pumpaibool, 2014).

IV. CONCLUSION

The aim of the study was to investigate the awareness, knowledge and perception about uterus disease among ever married women in consideration with some allied factors of Kola union under Badalgachhi upazilla of Naogaon district, Bangladesh on basis of the authors' survey data of 300 respondents. A throughout investigation and constructive analysis have performed for the assigned factors and the results are reported in the result discussion section. Association of knowledge and use hygienic method during menstruation about uterus disease with demographic, socioeconomic and reproductive health related factors and perception about uterus diseases have justified using contingency analysis. The study revealed that women knowledge and awareness about uterus diseases is not good enough for the study area. The lack of knowledge and proper idea among some women were found in this regards.

Further causes or symptoms of these diseases have noted and in most of the cases, the respondents have found to fail to protect the disease in the initial stage due to lack of proper education knowledge and information about uterus diseases. The respondents with lower economic status have been found most affected by uterus diseases than higher economic status respondent is a remarkable output of the study. As therefore, it is proper time to create awareness about uterus diseases among women and facilitate them by ensuring the proper education that could be a remarkable message for the government and concerning policy makers.

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