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A Descriptive Study to Determine the Factors Associated with Utilization of Available Health Care Services in Relation to Gynaecological Issues Among Women Attending Selected Hospitals at Bagalkot, Karnataka

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Abstract **Original Research Article**

Background: Women's health is distinct from men's health due to biological and social factors. Gynaecological problems such as menstrual disorders, uterine fibroids, breast-related conditions, and reproductive health concerns require timely medical attention. In developing countries, barriers such as lack of awareness, stigma, inadequate privacy, and limited resources often restrict women's access to care. Understanding the factors influencing utilization of health care services is essential for improving women's health outcomes. ***Methods:*** A descriptive survey was conducted among 100 women with gynaecological issues using Purposive sampling. Data were collected through structured and semi-structured questionnaires, interviews, medical records, and checklists. Statistical analysis included descriptive measures and chi-square tests. ***Results:*** The findings revealed that the most common gynecological issues included menstrual disorders (37%), uterine fibroids (34%), and breast-related symptoms such as skin changes (34%) and nipple abnormalities (30%). A majority (89%) of women utilized health care services, with 91% actively seeking treatment. Government hospitals were the most frequently visited facilities (35%). Availability of female doctors (83%) and privacy (74%) were major facilitators, while lack of privacy (68%), treatment cost (62%), and stigma (65%) hindered utilization. A significant association was observed between utilization barriers and sociodemographic variables such as family income ($p < 0.05$). ***Conclusion:*** This study assessed the factors influencing the utilization of healthcare services for gynecological issues among married women attending gynecology units in Bagalkot, Karnataka. Socio-demographic insights showed that most respondents were aged 31–40 years, from rural areas, and belonged to nuclear families. A significant portion were homemakers and had limited monthly income. Findings revealed a high prevalence of Gynecological problems are prevalent among women, and while most utilize health services, several barriers remain. Ensuring affordable services, improving privacy, and increasing the presence of female doctors may enhance utilization and improve women's health outcomes.

Keywords: Gynecological Issues, Utilization, Health Care services, women, Factors associated with utilization.

INTRODUCTION

All living things undergo change, including humans. Aging is a natural process, and life includes many transitions. One important change occurs at menarche, when a girl begins menstruation and transitions into womanhood.[1]

Women are an essential part of society, and their health includes physical, mental, and social well-being. They face unique health risks compared to men and play a key role in families and communities. However, women's health often receives less attention, especially in developing countries. Women are also at risk of chronic illnesses and complications related to normal life events. [2]

Women's health refers to their overall physical, mental, and social well-being, which differs from men due to biological and social factors. In developing countries, women face greater health challenges and risks. They are more prone to certain conditions such as menstrual problems, pregnancy-related issues, and diseases of reproductive organs. Therefore, women need greater awareness and care regarding their health.[1]

According to reports, 1 in 2 women has a chronic disease, highlighting the importance of women's health. Reproductive health is a key part of overall health, especially during the reproductive years, and is essential for both women's well-being and human development.[3]

Gynecological morbidity refers to diseases or disorders of the reproductive system not related to pregnancy or childbirth. Common symptoms include irregular menstruation, vaginal discharge, itching, burning urination, and swelling. These problems are a major cause of illness and death among women, especially in low-resource countries.[2]

According to the Cancer Council, breast cancer is the abnormal growth of the cells lining the breast lobules or ducts. These cells grow uncontrollably and have the potential to spread to other parts of the body. It can develop at any age [4]

Gynecological examination is an important and common procedure in women's healthcare. Many women undergo this examination at least once in their lifetime. It is done for purposes such as pregnancy diagnosis, screening, and identifying gynecological problems.[5]

Women with disabilities face many barriers to healthcare and often receive inadequate care. They are more likely to miss routine screenings like Pap tests and mammography. This study focuses on identifying barriers that prevent female wheelchair users from accessing proper gynecological care.[6]

MATERIALS AND METHODS

A quantitative descriptive survey design was used to study and compare variables in a natural setting. It includes details about the population, sample size, variables, data collection tools, and analysis plan.

Study design: A descriptive survey design is used to study and describe differences in variables among groups in a natural setting.

Setting of the study: The study setting refers to where data was collected. This study was conducted among women attending OBG units at HSK Hospital and Government District Hospital, Bagalkot.

Participants: The study sample included women aged 18–65 years with gynecological issues attending OBG units at HSK Hospital and Government District Hospital, Bagalkot, using purposive sampling.

Instruments: Data were collected using structured and semi-structured questionnaires, interview schedules, medical records, and patient history. A checklist identified gynecological issues, and another checklist assessed factors influencing healthcare utilization.

Description of data collection instruments

SECTION–A: SOCIO-DEMOGRAPHIC VARIABLE

Socio-demographic variables included age, religion, residence, family type, education, occupation, income, marital status, and number of children.

SECTION-B: A CHECKLIST WAS USED TO DETERMINE THE GYNECOLOGICAL ISSUES AMONG WOMEN.

Breast-related issues, urinary system-related issues, and reproductive system-related issues.

SECTION-C: Semi-structured questionnaire to determine the utilization of available health care services among women in relation to gynecological issues.

PART I: Semi-structured questionnaire to assess the utilization of available health care services.

PART II: Checklist to assess factors promoting and hindering associated with the utilization of available health care services in relation to gynecological issues.

Data collection procedures: *The main study was conducted from 15th April to 2 June 2025.*

Prior administrative permission was obtained from the S. Nijalingappa Medical College & Dist. Government hospital Navanagar Bagalkot, to conduct the study. Informed consent was taken prior to the study from the subjects and the nature of the study was explained. The investigator selected 100 women in the age group between 18 to 65 years through Nonprobability purposive sampling technique and study was conducted. The investigator did not find any difficulty in data collection from the subjects. The respondents were cooperative. Around 35-40 minutes duration was taken to collect the data from each subject. The data was thus collected and compiled for data analysis.

Variable under study: Determine the factors associated with utilization of available health care services in relation to gynecological issues among women.

Sociodemographic Variables: Includes Age, religion, place of residence, type of family, educational status, occupational status, family monthly income, marital status and number of children.

Statistical analysis: The obtained data were statistically examined in terms of the objectives of the study using inductive statistics. A master sheet was prepared with responses given by the study participants. Frequencies and Percentage was used for the analysis of demographic data. The mean and standard deviation was used as inferential statistics. The Chi Square test was used to determine association between factors associated with utilization of available health care services in relation to gynecological issues among women and selected sociodemographic variables.

Ethical Approval: A certificate of ethical permission was obtained from ethical committee of the institution and written consent was taken from each participant.

RESULTS

Part 1: Socio-demographic variables

The findings show that most women were aged 31–40 years (40%), Hindu (58%), from rural areas (54%), and belonged to nuclear families (54%). About 40% had primary to higher education, 41% were homemakers, and 42% had a monthly income below ₹10,000. Most were married (58%), and 32% had three or more children.

PART II- Assessment of gynecological issues among women

The data show that common breast issues were skin changes (34%), nipple changes (30%), breast cancer (29%), and lumps (28%), while cysts/fibroids (25%) and mastitis (8%) were less common. Urinary issues included nocturia (19%), haematuria (17%), foul-smelling urine (17%), difficulty urinating (16%), and incontinence (14%). Reproductive issues were mainly menstrual disorders (37%), uterine fibroids (34%), pain during intercourse (33%), and pelvic inflammatory disease (21%), along with other conditions like cervical cancer, prolapse, PCOS, and STDs.

Table 1.1: Frequency and percentage-wise distribution of women according to their gynecological issues among women

	SI NO	Issues	Frequency	Percentage
Breast-related issues.	1	Breast cancer	29	29%
	2	Skin changes[a)Redness b) Dimpling) Thickening]	34	34%
	3	Nipple appearance [a)Retraction, b) Discharge, c) Crusting]	30	30%
	4	Visible lumps or masses	28	28%
	5	Cysts and fibroids	25	25%
	6	Mastitis	8	8%
2. Urinary System issues.	7	Frequent urination	17	17%
	8	Urgency or difficulty initiating urination	16	16%
	9	Haematuria (blood in urine)	11	11%
	10	Cloudy or foul-smelling urine	17	17%
	11	Urinary incontinence (leakage of urine)	17	17%
	12	Nighttime urination (nocturia)	19	19%
Reproductive System issues.	13	Pelvic inflammatory disease	21	21%
	14	Vaginal discharge, irritation	24	24%
	15	Cervical cancer	17	17%
	16	Pain or discomfort during intercourse	17	17%
	17	Uterine fibroid	34	34%
	18	Uterine enlargement	34	34%
	19	Uterine prolapse	17	17%
	20	PCOD/PCOS	17	17%
	21	Menstrual disorder	37	37%
	22	Vaginitis	10	10%
	23	STDs	6	6%
	24	Others	3	3%

Table No 1.2: -Assessment of Mean, SD related to gynecological issues

Assessment	*Mean*	*SD*	*Mean %*
Gynaecological issues	*4.88*	*2.656*	*20.33*

The above table No. 1.2 depicts women with gynecological issues, the Mean was 4.88 with an SD of 2.656, mean percentage.

PART- III: Assessment of utilization of available health care services.

Table No. 2.1: Frequency and percentage-wise distribution of utilization of available health care services. N =50+50

SI NO	QUESTION	Frequency	Percentage
1	**If you have gynaecological issues, do you utilize available health care services**	89	89%
2	**Are you seeking treatment for gynaecological issues**	91	91%
3	**Source of information for your treatment**		
	Husband	14	14%
	Radio /TV	10	10%

SI NO	QUESTION	Frequency	Percentage
	Friends/relatives/neighbours	35	35%
	Health worker	30	30%
	All of above	21	21%
4	**Where did you seek care?**		
	Government hospital	35	35%
	Private hospital	22	22%
	Tertiary health care Centre (medical college)	26	26%
	Private OBG clinic	15	15%
	All of above	19	19%
5	**How long did it take you to seek healthcare after experiencing the symptoms?**		
	Immediately	34	34%
	Within a few days	30	30%
	After a week or more	18	18%
	After one month	21	21%
6	**Do you have any health insurance to utilize health care services?**	54	54%
7	**What are the transport facilities available for referral services?**		
	24-hour ambulance services	35	35%
	Vehicles arranged by Jana Maitri police	15	15%
	Self-paid	47	47%
	Public transportation	22	22%
8	**How would you rate your overall satisfaction with the healthcare services you've used for gynecological issues?**		
	Very satisfied	27	27%
	Satisfied	27	27%
	Neutral	19	19%
	Dissatisfied	26	26%

The data show that 89% of women used healthcare services and 91% were seeking treatment. Main information sources were media (35%) and friends/relatives (30%), followed by health workers (21%) and husbands (14%). Most visited government hospitals (35%), followed by tertiary centers (26%), private hospitals (22%), and clinics (15%). About 34% sought care immediately, 30% within a few days, 18% after a week, and 21% after one month. Around 54% had health insurance. Transport was mainly self-paid (47%), with ambulance (35%), public transport (22%), and police support (15%). Satisfaction levels were 27% very satisfied, 27% satisfied, 19% neutral, and 26% dissatisfied.

PART-IV: Assessment of the factors associated with the utilization of available health care services.

Table No: 3.1: - Factors promoting and hindering the women's utilization of available health care services.

	ITEMS	YES	NO
A) Factors promoting for utilization of available health care services?	1. Get satisfactory services.	70%	30%
	2. Get free medications.	43%	57%
	3. Easily accessible.	64%	36%
	4. Transport facility available.	66%	34%
	5. Availability of a female doctor	83%	17%
	6. Adequate privacy	74%	26%
	7. Doctor available for 24 hours.	51%	49%
B) Factors hindering the women to utilization of available health care services?	8. Lack of awareness.	44%	56%
	9. Service not satisfactory.	46%	54%
	10. Non-availability of a female doctor.	31%	69%
	11. Lack of transport facility.	46%	54%
	12. Lack of privacy.	32%	68%
	13. Hesitation related to gynecological issues.	39%	61%
	14. Demanding money	36%	65%
	15. Cost	38%	62%

The table shows that promoting factors were availability of female doctors (83%), privacy (74%), satisfactory services (70%), transport (66%), accessibility (64%), 24-hour doctor availability (51%), and free medications (43%).Hindering factors included non-availability of female doctors (69%), lack of privacy (68%), hesitation (65%), cost (62–65%), lack of awareness (56%), transport issues (54%), and unsatisfactory services (54%).

Table No 3.2 Assessment of Mean, SD related to factors associated with utilization of available health care services in relation to gynecological issues.

Assessment	Mean	SD	Mean %
Factors promoting	4.59	2.391	65.5%
Factors hindering	3.11	2.083	38.8%

The above table No. 3.2 shows that the mean score for promoting factors was 4.59 (SD = 2.391, 65.5%), while the mean score for hindering factors was 3.11 (SD = 2.083, 38.8%).

The above table 1.1 shows that factors promoting were 64%, hindering for utilization of available health care services were 36%.

PART V: Association Between Factors Associated with the Utilization of Availabale Health Care Services with their Selected Socio-Demographic Variable.

Table 4.1: Factors Promoting Utilization of Available Health Care Services in Relation to Gynecological Issues

SI.No	Variable	DF	chi-square	Table value	P Value	Interpretation
1	AGE IN YEARS	3	1.289	7.81	0.53	NS
2	RELIGION	3	0.5503	7.81	0.18	NS
3	PLACE OF RECIDENCE	1	0.0623	3.84	0.39	NS
4	TYPE OF FAMILY	1	1.5845	3.84	0.67	NS
5	EDUCATIONAL STATUS	3	2.338	7.81	0.98	NS
6	OCCUPATIONAL STATUS	3	4.904	7.81	0.35	NS
7	MONTHLY FAMILY INCOME	3	4.294	7.81	0.46	NS
8	MARRITAL STATUS	3	6.5783	7.81	0.17	NS
9	NUMBER OF CHILDREN	3	2.684	7.81	0.88	NS

The findings in Table 4.1 show no significant association between promoting factors and socio-demographic variables: age (χ^2=1.289), religion (χ^2=0.55), residence (χ^2=0.062), family type (χ^2=1.584), education (χ^2=2.338), occupation (χ^2=4.904), income (χ^2=4.294), marital status (χ^2=6.578), and number of children (χ^2=2.684), as all p-values are >0.05. Hence, the results are not significant and the research hypothesis is rejected.

Table 4.2: Factors Hindering for Utilization of Available Health Care Services in Relation to Gynecological Issues

SL. No	Variable	DF	chi-square	Table value	P Value	Interpretation
1	AGE IN YEARS	3	0.685	7.81	0.246	NS
2	RELIGION	3	2.8292	7.81	0.537	NS
3	PLACE OF RECIDENCE	1	0.394	3.84	0.939	NS
4	TYPE OF FAMILY	1	2.6326	3.84	0.209	NS
5	EDUCATIONAL STATUS	3	6.4085	7.81	0.186	NS
6	OCCUPATIONAL STATUS	3	4.2703	7.81	0.479	NS
7	MONTHLY FAMILY INCOME	3	9.8044	7.81	0.0406	Significant (*)
8	MARRITAL STATUS	3	1.696	7.81	0.7244	NS
9	NUMBER OF CHILDREN	3	12.369	7.81	0.0124	Significant (*)

The findings presented in Table 4.2 show that the chi-square computed between the factors hindering for utilization of available health care services in relation to gynecological issues and selected sociodemographic variables

There was a significant association between hindering factors and monthly income (χ^2=9.804, $p<0.05$) and number of children (χ^2=12.369, $p<0.01$). Hence, the research hypothesis is accepted. No significant association was found with age, religion, residence, family type, occupation, or marital status ($p>0.05$).

DISCUSSION

The finding of this study discusses the major findings and review them in relation to findings from the results of other studies.

The present study was conducted, "A descriptive study to determine the factors associated with

utilization of available health care services in relation to gynecological issues among women attending selected hospitals at Bagalkot, Karnataka." In order to achieve the objectives of the study, a Descriptive survey design approach was adopted. The sample was selected non-random purposive sampling technique. The sample comprised 100 women attending Gynecology UNITS of SNMC and HSK Hospital research center and Government District Hospital, Navanagar, Bagalkot"

Part I: Description of Socio-demographic characteristics of the sample.

- Percentage wise distribution of women with gynecological issues, according to their age in years reveals that, out of 100 women, Percentage wise distribution of women according to their age in years reveals that, out of 100 women, highest percentage 40% were in the age group of 31- 40 years, 23% were in the 41-50 years, 19% were in the 50 & above years and 18% were in the 18-30 years. It reveals that the majority of women (40%) were in the age group of 31 to 40.
- The findings of the present study are consistent and supported by the study conducted by Mamata Bharati, Kumari Poudel, Gayitri Rai, and Biplabi Sapkota in 2023, at Kathmandu, Nepal. Gynecological Morbidity and Utilization of Health Services among Women of Reproductive Age Group. This Study result shows that most participants in the age group 19 years was6.0%, 20-29 years was39.3%, 30-39 years were 32.0%, 40-49 years were 22.7%. Mean and standard deviation of age in the case group were 30.92 ± 9.661 [7].
- Percentage-wise distribution of women according to their family monthly income reveals that, out of 100, 42% were below Rs 10,000/-, 30% were Rs 20,001 to 30,000,15% were Rs 20,001 to 30,000, 13% were 30,000 and above. It reveals that the majority of women (42%) in the study monthly income below 10,000/-.
- The findings of the present study are consistent and supported by the study conducted by The National Family Health Survey (NFHS-5, 2020-21) also reflects similar disparities, showing that household wealth significantly influences women's health indicators, including maternal care, institutional delivery, and contraceptive use. Reveals the percentage-wise distribution of income of women with gynecological issues [8].
- Percentage-wise distribution of women according to number of children reveals that, out of 100, the highest percentage 32% was 3 or more children, 29% were no children, 20% 2 children, and the lowest percentage, 16%, was 1 child. It reveals that the majority of women (32%) had 3 or more children.
- The findings of the present study are consistent and supported with the study conducted by Prima Jenevive Jyothi D'Souza, Judith Angelitta Noronha, Leena Sequeira, Janet Alva, Manipal College of Nursing Manipal, Manipal Academy of Higher Education, Udupi district, Karnataka (2021) revels that out of 123 women, less than 50,000, frequency was 80 and 65 %, More than 50,000, frequency was 43 and 35% [9].

PART II- Assessment of gynecological issues among women

The data show that common breast issues were skin changes (34%), nipple changes (30%), breast cancer (29%), and lumps (28%), while cysts/fibroids (25%) and mastitis (8%) were less common. Urinary problems included nocturia (19%), haematuria (17%), foul-smelling urine (17%), difficulty urinating (16%), and incontinence (14%). Reproductive issues were mainly menstrual disorders (37%), uterine fibroids (34%), pain during intercourse (33%), and pelvic inflammatory disease (21%), along with other conditions like cervical cancer, prolapse, PCOS, and STDs.

The findings of the present study are consistent with the study conducted by Enid Elizabeth Thomas and Jayasree Ananda Bhavan Kumaran (2024). Among 401 women, the overall prevalence of gynecological morbidity was 81.7%. Menstrual problems were most common (68.8%), while primary amenorrhea was least (0.2%). About 64.3% of women had more than one problem, with an average of 1.81 conditions per woman. Menstruation-related issues (68.1%) formed the majority.[10]

PART III: Assessment of utilization of available health care services

The data show that 89% of women utilized healthcare services and 91% were seeking treatment. Main information sources were media (35%) and friends/relatives (30%), followed by health workers (21%) and husbands (14%). Most women visited government hospitals (35%), followed by tertiary centers (26%), private hospitals (22%), and clinics (15%). Regarding time, 34% sought care immediately, 30% within a few days, 18% after a week, and 21% after one month. About 54% had health insurance. Transport was mainly self-paid (47%), with ambulance (35%), public transport (22%), and police support (15%). Satisfaction levels showed 27% very satisfied, 27% satisfied, 19% neutral, and 26% dissatisfied.

The findings are consistent with the study by Mamata Bharati *et al.,* (2023). Among women with gynecological problems, 51.4% sought treatment. About 33.3% received information from their husbands, and 66.7% visited hospitals, while others used different health facilities. Nearly one-third (33.3%) visited a health institution only once [7].

PART IV: Assessment of the factors associated with the utilization of available health care services.

The data show that major promoting factors were availability of female doctors (83%), privacy

(74%), satisfactory services (70%), transport (66%), accessibility (64%), 24-hour doctor availability (51%), and free medications (43%).Hindering factors included non-availability of female doctors (69%), lack of privacy (68%), hesitation/stigma (65%), cost (62–65%), lack of awareness (56%), transport issues (54%), and unsatisfactory services (54%).

The findings are supported by Mamata Bharati *et al.,* (2023). About 48.6% of women did not seek treatment due to lack of need (78.4%), lack of money (43.1%), and lack of time (39.2%). Only 42.6% had transport access, while others walked about one hour. Most (98.1%) met health workers, 94.4% reported friendly behavior, and 87% received adequate advice. Around 57.4% spent less than two hours at the facility, 68.5% could afford the cost, and 90.7% were satisfied with the time given by health personnel [7].

PART V: Association between factors associated with the utilization of available health care services with their selected socio-demographic variable.

The findings show no significant association between factors promoting healthcare utilization and socio-demographic variables. The chi-square values for age (1.289), religion (0.55), residence (0.062), family type (1.584), education (2.338), occupation (4.904), income (4.294), marital status (6.578), and number of children (2.684) were not significant ($p > 0.05$; table value = 3.846). Hence, the research hypothesis is rejected.

The findings show a significant association between hindering factors and some socio-demographic variables. Monthly income (χ^2=9.804, $p<0.05$) and number of children (χ^2=12.369, $p<0.01$) were significant. However, age, religion, residence, family type, education, occupation, and marital status showed no significant association ($p>0.05$). Hence, the research hypothesis is accepted.

The findings are consistent with Mamata Bharati *et al.,* (2023), but differ from Jisa George T (2021). The latter study showed significant associations between cervical cancer screening and age at marriage (p=0.003), age at first pregnancy (p=0.004), education and socioeconomic status (p=0.000, p=0.002), parity (p=0.025), and duration of marriage (p=0.019). These factors were associated with better screening behavior [7].

PART V: TESTING HYPOTHESIS

H1: There is significant association between factors associated with the utilization of available health care services with their selected socio-demographic variable. Hence H1 stated is accepted.

The findings are supported by Jisa George T (2021). Significant associations were found between cervical cancer screening and age at marriage (p=0.003), age at first pregnancy (p=0.004), education and socioeconomic status (p=0.000, p=0.002), parity (p=0.025), and duration of marriage (p=0.019). Higher age, education, and socioeconomic status were linked to better screening behavior [11].

Limitations:

The study was confined to women with gynecological issues in specific selected healthcare centres, which imposes limits on generalization. The sample for the study was is limited to samples of 100 women thus restricting the statistical inferences of results. Only three domains that are women with gynecological issues, utilization, and factors associated with utilization of available health care services are considered in the present study.

CONCLUSION

The study is helpful to assess analysis and interpretation of the findings of the study. The data gathered were summarized in the master sheet, and both descriptive and inferential statistics were used for analysis. Findings reveal that there is significant association between factors associated with the utilization of available health care services in relation to gynecological issues among women and socio-demographic variables such as monthly family income ($X^2_{(1)}$ 9.8044, $P<0.04$), number of children ($X^2_{(1)}$ 12.369, $P<0.01$), except age, religion, type of family, residence, educational status, occupation, marital status, (Due to significant association between knowledge and socio-demographic variable).

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