CHAPTER- I
INTRODUCTION

1.1: Background of the Study

Reproductive health is defined as "A state of complete physical, mental and social well–being and not merely the absence of disease or infirmity in all matters relating to its functions and processes." Reproductive health therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide when and how often to do so (ICPD:1994)

Reproductive health implies that, apart from the absence of disease or infirmity, people have the ability to reproduce, to regulate their fertility and to practice and enjoy sexual relationships. It further implies that reproduction is carried to a successful outcome through infant and child survival, growth and healthy development. It finally implies that women can go safely through pregnancy and childbirth, that fertility regulation can be achieved without health hazards and that people are safe in having sex. (Fathalla,1988)

The right to reproductive health is a component of women's and men's reproductive and sexual rights, moreover, the achievement of reproductive health is inextricably linked to women's and men's ability to exercise reproductive and sexual rights which in includes the right to reproduction decision making including voluntary choice in marriage, family formation and determination of the number, timing and spacing of one's children and the right to have access to the sexuality and equity for men and women to enable individuals to make free and informed choice in all spheres of their life free from discrimination based on gender, and the right to sexual and reproductive security including freedom from sexual violence and coercion and the right to privacy (UNFPA).

Nepal is also witnessing the expansion of life span and hence an enhancement in the population of the elderly. In Nepal, individuals over 60 years of age are considered elderly. WHO defines senior citizens as people 60 years and above. The Senior Citizens Acts 2063, Nepal also defines the senior citizens as "people who are 60 years and above." The retirement age for military in Nepal is 45 to 48 years for junior officers in general, the government service 58 years, and for university teachers and the judiciary services 63 years. (Khanal: 2009)

Established as a small clinic in 1962, Okhaldhunga Community Hospital now provides affordable, quality health care to people from surrounding villages who come seeking assistance. It is now a 32 bed hospital, with a Mothers' Waiting Home (for women who travel from distant areas to be near the hospital before their delivery), operating facilities and a busy Outpatients' Department. (http://www.umn.org.np/page/okhaldhunga-hospital)

In the last ten years, the number of deliveries performed at Okhaldhunga Hospital has gradually risen from 47 (in 1987-88) to 143 (in 1996-97) to 520 (2011, http://www.umn.org.np/new/downloads/Okhaldhunga_Booklet.pdf). The number of women presenting with complications requiring emergency obstetric services has also risen, although not nearly threefold. More importantly, these numbers represent only a

fraction of the need for caesarian sections and other emergency obstetric interventions that women in the Okhaldhunga District experience every year.

Based on a district population of approximately 150,000 and a national estimated MMR of 281/100,000 live births, the National Safe Motherhood Programme has estimated 3,268 live births per year and 5 maternal deaths per year for the Okhaldhunga District. (Nepal Population Report 2011) Approximately 15% of women will experience a pregnancy-related, life threatening complication requiring emergency obstetric services, and 5% of women will require a caesarian section to deliver safely. Extrapolating from this, approximately 850 women in Okhaldhunga should experience complications every year, and 285 women probably need a caesarian section to safely deliver. The maximum number of women with any type of obstetric complication presenting to Okhaldhunga Hospital in any recent year is 53 (1996-1997). Out of 32 expected maternal deaths in 1996-1997, only two deaths have been reported thus far to the District Health Office. Limited numbers of women may seek health care outside of the district, but the vast majority cannot or do not. These data indicate that despite good quality obstetric services, and an increasing number of hospital deliveries, unacceptably high rates of unidentified maternal mortality and morbidity must exist in the Okhaldhunga District. Clearly most women with obstetric complications are still not seeking or receiving appropriate health care in this district. (http://jiom.com.np/index.php/jiomjournal/article/view/5/7)

Health problem, especially reproductive health among the married women aged 45 and above, is also a major problem. Complications regarding to reproductive health in the age 45 and above result in multifaceted problems. Considering the fact, this study makes an attempt to analyze the problem among the respondents visiting to community Hospital, Okhaldhunga to seek treatment of such problem. Community Hospital is one of the prime institutes in this area. Hospital provides various health services to local people. It covers most part of this region as the catchment area. To analyze the situation of sex and reproductive health among the married women this hospital can be a centre for the respondents regarding the sexual and reproductive health problem.

1.2: Statement of the Problem

Sexual and reproductive health is a major problem of the married women when females become deprived of the fecundity. Cessation of fecundity power is indicated by menopause in females. At this stage, there may be irregular menstruation, physical tiredness and fatigue, breast cancer, cervical cancer, uterus problems, bleeding, etc. In females, these are the general symptoms and problems at this stage. The reproductive system plays a central role in women's health. This is different from the case with men. A major burden of the disease in females is related to their sexual and reproductive function and reproductive system, and the way society treats or mistreats them because of their gender. Women need health care in order to be able to carry their sexual/reproductive functions, and to carry them safely and successfully. During the second half of this century, there has been a vast expansion of health technologies and of health services to provide women with certain elements of reproductive health care. The services were not, however, without shortcomings.

Apart from inadequate allocation of resources, the major shortcoming was in the philosophy with which these services were provided. Women were considered as means in the process of reproduction and as targets in the process of fertility control. The services were not provided to women as ends in themselves. Women benefited from the process but were not at the center of the process. Reproductive health is an integrated package (Fathalla,1996).Women cannot be healthy if they have one element and miss another. Moreover the various elements of sexual and reproductive health are strongly inter-related. Improvements of one element can result in potential improvements in other elements. Similarly, lack of improvement in one element can hinder progress in other elements. Pelvic infection, for example, accounts for about one-third of all cases of infertility, worldwide, and for a much higher percentage in sub-Saharan Africa (WHO,1977).The resultant infertility is also the most difficult to treat. The magnitude of the problem of infertility will not be ameliorated except by a combat of sexually transmitted diseases (STDs), by safer births that avoid postpartum infection, and by decreasing the need for or the resort to unsafe abortion practices.

Sexual and Reproductive health problem is a major problem of the world. It is one of the burning issues in Nepal as well. Poverty, lack of education and poor health status are major hindrances in the improvement of health status of the people of our country. Okhaldhunga is a backward district and I believe a study of their problem may be of some help to doctors, NGOs and planners.

This study tends to find the answer to the following questions

- What are the sexual and reproductive problems in married Women?

1.3: Objective of the Study

The general objective of the study was to analyze the sexual and reproductive health problem among married women in Nepal. However, the specific objectives of the study are as below:

- To find out socio-demography status of married women visited in the Community Hospital Okhaldhunga.
- To find the sexual and reproductive health problems of married Women.

1.4: Significance of the study

The study is mostly based on the sexual and reproductive health problem in married women, mostly based on the essential element of sexual and reproductive issues. The study will mainly focus to analyze the sexual and reproductive health problems among the married women and find out the behavioral response to the problem. So, this study keeps the following significance:

- This study will be helpful for the policy makers of government and non-governmental agencies to plan awareness programmes about sexual and reproductive health problem of married women.
- It is helpful for the public health workers to launch program and the concerned all people for the awareness towards the problems.

- This study provides the base line study to the concerned persons and institute or organizations working in this field.
- Study result will also encourage researchers for further study and other researchers to research on such subjects.
- It will also be helpful to students seeking to study in the sexual and reproductive health area in the future as a supporting material.
- This study will provide information of study area for a new researcher.

1.5: Delimitation of the Study

This study has limitations of time, money, space, geography, man power and other resources. To make the study valid, reliable, and authentic, the limitations are listed below:

- The study is based only on the sexual and reproductive health problems of married women.
- It is based on the data obtained only from the Community Hospital, Okhaldhunga.
- It is limited only to 150 respondents.
- The data is collected from 1st Chaitra 2071 to 7th Chaitra 2071.
- The sampling method is purposive sampling.
- In terms of research design, it is quantitative research.

1.6: Operational Definitions of the Used Terms

Health: Health is a state of complete physical, mental and social will being not merely the absence of disease or infirmity. (WHO)

Reproductive Health : Reproductive health is state of the complete physical, mental and social well being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and its function and process. (WHO)

Sexual Health: "… the reproductive processes, functions and system at all stages of life" (Wikipedia)

Ageing: Ageing is series progressive and irreversible biological changes that results in reduced ability to process, starts in adolescence or early adulthood, the pace of deterioration of different body systems varies considerably and is influenced by behavioral and socio-economic faces and genetic characteristic.(Bowling2001).

Pregnancy: The condition of having a developing embryo or fetus in the body after union of an ovum and spermatozoa in women duration of pregnancy is about 280 days.

Community: "..a group of people who live in the same area, or the area in which they live." (Microsoft, Encarta Dictionary, 2009)

Native Doctor: Local witch doctors, spiritual healers and shamanists. "priest-doctor - in societies practicing shamanism: one acting as a medium between the visible and sp irit worlds; practices sorcery for healing or divination".

(http://www.thefreedictionary.com/ priest- doctor

Mortality: ".. the number of deaths in a particular situation or period of time" (Oxford Advanced Learners' Dictionary of Current English. OUP, 2007.

Fertility: The actual bearing of children (Park & Park 2005)

Age at Marriage: The age at which a woman gets married.

Family planning: Family planning is the planning of when to have children, and the use of birth control and other techniques to implement such plans. (Wikipedia)

"Family planning means deciding when to start - and continue - having babies. With advice from a doctor, using contraception until the time is right" (https://answers. yahoo.com/question/index?qid=20130324144928AAv2x9W)

Menstruation: the process in a woman of discharging blood and other material from the lining of the uterus at intervals of about one lunar month from puberty until the menopause, except during pregnancy. (https://www.google.com.np/search?sourceid=chromepsyapi2&ion=1&espv=2&ie=UTF8&q=Menstruation%20definition&oq=Menstruation%20definition&aqs=chrome.. 69i57j0l5. 18623j0j4)

Sex: sex is an easily inevitable characteristics and it has dichotomous nature.(Karki Ashok Kumar 2065)

STDs : Any disease (such as syphilis, gonorrhea, AIDS or on a genital form of herpes simplex) that is usually or often transmitted from person to person by direct sexual contact is called STDs (Subedi Kusum Raj, 2061)

CHAPTER- II
REVIEW OF RELATED LITERATURE

This chapter presents some literature review related to the sexual and reproductive health problem among women in global context and in the context of Nepal, especially married women; and tries to establish links to the married women visiting Community Hospital, Okhaldhunga.

2.1 Review of Theoretical Literature

Nepal is one of three countries in the world where the life expectancy for women is lower than for men, which is an indication that health care for men has a higher priority than for women. (http://asia.isp.msu.edu/nepal/ Nepal%20Study%20 Guide/ Unit10.pdf) We can thus fairly say that married women in Nepal are inadequately covered by economic and health security measures.

The maternal morbidity rate is linked to services provided for in prenatal, delivery and post-natal care. In 2000, the morbidity rate was 539 per 100,000 live births. This number is especially high when compared to countries of similar socioeconomic status.(http:// asia.isp.msu.edu/nepal) According to a 1996 Nepal Living Standard Survey, only 41% of households have access to a health facility within walking distance of 30 minutes or less. …… The physical geography of Nepal and lack of good roads prevent the availability of accessible services, especially for those living in villages in the mountains, and hill regions. (http://asia.isp.msu.edu/nepal)

"She had registered at the local government (health) center. I had gone with her but I was made to wait outside…I don't know about the advice given to her, as I was outside. (FRHS study, Maharashtra, 1996-1998)" …… men have long been blamed for many women's reproductive health issues, preventing use of family planning and spreading sexually transmitted infections (STIs),….."
(http://www.icrw.org/files/publications/ Improving-the-Reproductive-Health-of-Married-and-Unmarried-Youth-in-India.pdf)

Various studies have determined varying levels of uterine prolapse in Nepal. The 2006 Nepal Demographic and Health survey found that up to 7% of women of reproductive age group (15-49 years) were suffering from uterine prolapse and approximately three percent of adolescents and youth suffer from uterine prolapsed in Nepal. In a study carried out by LOM and UNFPA, it was found that 6000,000 women suffer from varying degrees of uterine prolapsed. Among them, 200,000 women require immediate surgery. Nepal's Supreme Court declared uterine prolapsed a human rights issue in 2008, and in response the government pledged support for hysterectomies free of charge…… A 2014 report by Amnesty International criticized

the Nepal government's focus on surgeries, saying it distracted attention from other prevention and treatment options……. rethinking-nepal-s-uterine-prolapse-treatment) WHO has reported the global prevalence of uterine prolapsed to be between 2-20% among women under the age of 45. Studies in Nepal have shown that 30-40%of women suffer from this problem soon after the birth of their first child. Older couples may have the same problems and other lifestyle changes, and chronic illness. These problems can cause sexual difficulties.

Women can have a decrease in vaginal lubrication that affects sexual pleasure. A pharmacist, doctor or nurse can suggest over-the counter vaginal lubricants. Use of some over-the-counter medications as well as alcohol may dampen married women's sexual drive. Sexuality is often a delicate balance of emotional as well as physical issues. How we feel emotionally may affect what we are able to do physically. Causes of vaginal dryness range from physiological factors, such as hormonal changes or medication side effects, to emotional and psychological issues such as lack of desire or even anxiety. (http://www.everydayhealth.com/sexual-health/vaginal-dryness.aspx)

Policies and programmes

The National Health policy Sri Lanka, published by the Ministry of Health in 1992 has recognized the provision of services for woman as a policy measures. The key policy measures suggested were awareness creation through primary health care system, mobilizing resources, and establishing geriatric services. Action plan of the Sri Lanka population and Reproductive Health 2000-2010 has recognized the provision of adequate health care and welfare services for elderly as 5th goal to be achieved. However no special reference was made for women in these policy statements. Except for a few, there are no specific programmers aimed at addressing RH concerns among the women. (Health Education Bureau, Ministry of Health, Shri Lanka 2010)

Maternal mortality levels in Sri Lanka are relatively low by South Asian standards. However, morbidity levels related to reproductive health still cause concern. Among the problems connected with reproductive health which will need to be addressed with increasing vigor in the future are:

- Anemia
- Sub-fertility
- Unwanted pregnancy
- Induced abortion
- Reproductive tract infections
- Sexually transmitted diseases
- HIV/AIDS

- Reproductive system malignancies(Breast, Pelvic and Prostrate Cancers)

(www.hsph.harvard.edu/population/policies/srilanka)

Common diseases of the Reproductive Organs

Amenorrhea (absence of menstruation), cervical cancer, cervicitis (inflammation of the cervix), dysmenorrheal (difficult or painful menstruation), endometrial cancer (cancer of the inner lining of the uterus) endometriosis (Endometrial tissue found outside of the uterus, usually w/in the pelvic area), Fibrocystic Breast Disease(One or several benign cysts w/in the breast; can become malignant), Hysterectomy (removal of the uterus (technically), Mastectomy (removal of the breast due to cancer), Menopause (Cessation of normal menstrual periods), Menorrhagia (Excessive amount of mensal blood; period longer than usual), Ovarian Cancer (Cancer of the ovary), Ovarian Cyst (Fluid-filled sac within the ovary), Pelvic Inflammatory Disease, PID (Inflammation of female reproductive organs usually result of sexually transmitted infection, STD usually), Premenstrual Syndrome, PMS (Irritability, bloating, headache, anxiety can occur w/in 2 weeks prior to onset of period), Prolapsed Uterus (Falling of uterus, causing cervix to protrude through vaginal opening ...usually result of weakened muscles due to vaginal delivery), Salpingitis (Inflammation of the fallopian tubes), Uterine Fibroids (AKA leiomyoma, Benign tumors that grow within the wall of uterus), Uterine Cancer (Cancer of the uterus; most commonly following menopause), Vaginitis (Inflammation of the vagina caused by yeast, bacteria, or other organisms) (**https://quizlet.com/**15676957/ common-diseases-conditions-of-female-reproductive-system-flash-cards/)

2.2 Review of Empirical Literature

Health care services in Nepal are provided by both the public and private sector and fare poorly by international standards. Based on WHO data, Nepal ranked 139th in life expectancy in 2010 with the average Nepalese living to 65.8 years. Disease prevalence is higher in Nepal than it is in other South Asian countries, especially in rural areas. Leading diseases and illnesses include diarrhea, gastro-intestinal

disorders, goiter, intestinal parasites, leprosy, visceral leishmaniasis and tuberculosis. According to United Nations data for 2003, approximately 60,000 persons aged 15 to 49 had human immunodeficiency virus (HIV); and the HIV prevalence rate was 0.5%. In spite of those figures, some improvements in health care have been made, most notably significant progress in maternal-child health. For example, Nepal's Human Development Index (HDI) was 0.504 in 2002, ranking Nepal 140 out of 177 countries, up from 0.291 in 1975. (https://en.wikipedia.org/wiki/Health_in_Nepal)

2.3 Implications of the Review of the Study

2.3.1. Review of the study shows sexual and reproductive health in Nepal needs a thorough study. Little is found on this topic about Okhaldhunga people.

2.3.2 The womenfolk of remote areas need immediate support.

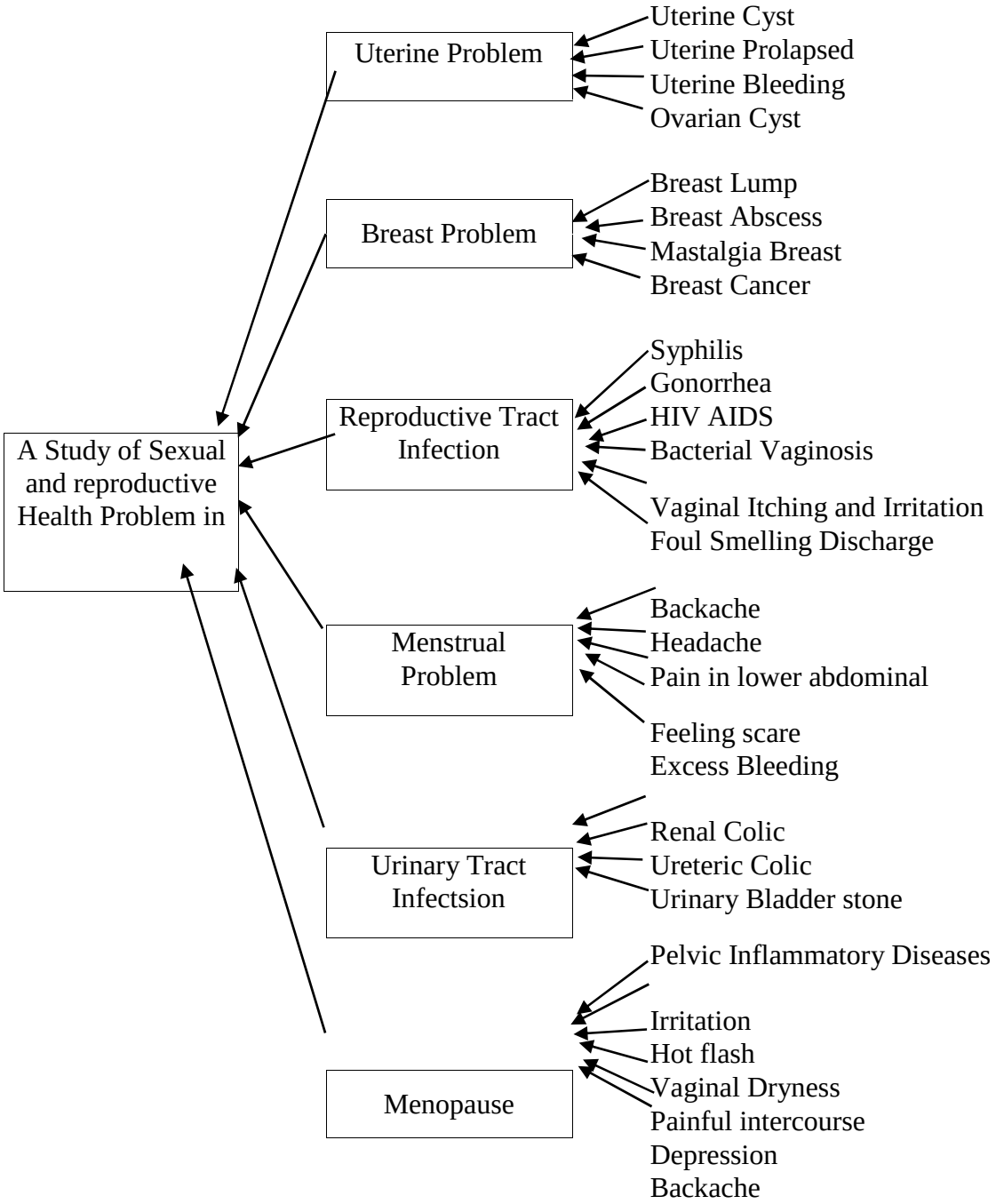
2.3.3 Review of the study shows how little study is done. The review prompts any researchers go further to research about unsolved problems.

Sexual and reproductive health problem among married women in Okhaldhunga region is still serious and poses a lot of challenges. The review of literature in the case of sexual and reproductive health of women in Okhaldhunga indicates there is little study done in the district. Thorough research is necessary to fathom the magnitude and intensity of the problem and discerning the measures to be taken to bring out the married women from the vicious circle of ill health and other gender related issues.

2.4 Conceptual Framework

The conceptual framework stems from the theoretical framework and it is usually stated on one section of the theoretical framework which becomes the basis of the researcher's study. The conceptual framework represents the view of researcher how they fulfill their study and which baseline they use to complete their study. Conceptual framework shows the relation between dependent and independent variables, not only this much it gives also clear figure about particular problem which researcher wants to research in their study. Conceptual framework helps to identification of possible answer to the research question. A conceptual framework covers the main feature aspect, dimensions factor and variable of a case study and their presumed relationship. It helps in communication ideas about the research therefore it can simplify the preparation of the research proposal and can also make it more convincing.

Figure No. 1: Conceptual Framework



CHAPTER-III
RESEARCH METHODLOGY

Research in common parlance refers to a search for knowledge. One can also define research as a scientific and systematic search for pertinent information on a specific topic. http://www.newagepublishers.com/ sample chapter/000896.pdf. Research methodology is a way to systematically solve the research problem. It may be understood as a science of studying how research is done scientifically. (Ibid)

3.1: Design and method of the study

This study is basically descriptive and analytical and follows quantitative data.

3.2 Population, Sample and Sampling Strategy

All the populations of this study are the women married visiting to the hospital seeking for the treatment of sexual and reproductive health problem.
Both primary and secondary data were used for the study.
Primary source of data was collected using interview schedule/questionnaire for the first hand data from respondents. Also secondary data were collected from journals, book, previous thesis report, research report etc. as possible.

3.3 Study Area/Field

Okhaldhunga Community Hospital, Sobru, Ward No.3 of Siddhicharan Municipality, Okhaldhunga District is selected for the study area. The population of study is married women visiting the hospital seeking treatment of sexual and reproductive health problem during 2071 Chaitra 1-7 BS. Of the total population 150, the sample were selected purposively.

3.4 Data Collection Tools and Techniques

One hundred fifty married women have been found and selected as the respondents on the basis of purposive sampling procedures visiting Community Hospital Okhaldhunga. A well designed questionnaire was prepared. The respondents were asked the questions on one-to-one basis.

3.5 Data Collection Procedure

In order to achieve the objective of the study, the researcher had used interview schedule as data collection tools. Interview schedule /Questionnaire was developed for the primary data collection. The other publication (book, journals, previous thesis report, research report, publications in the etc.) was used as the tool for secondary data collection.

The researcher took interview with married women to find out the sexual and reproductive health problems. The researcher visited Community Hospital Okhaldhunga with questionnaire and interview schedule to collect information from

the married women visiting the Gynecological ward. Data collection procedure was done by visiting the Chairman of Community Hospital Okhaldhunga. The questionnaire included in the interview schedule was verbally translated into Nepali during interview and also provided additional information for understanding the questions.

3.6: Data Analysis and Interpretation Procedures

After collecting the data from the respondent check and verify were done by internal supervisor to reduce the error. Then, the computer entry had been carried out and analyzed in excel and SPSS software. After collecting, compiling and analyzing, the data were presented in the table, pie chart, bar diagram. Similarly, some statistical tools such as Mathematical indices and percentage have been used to make the more comparative and analytical.

UNIT- IV

DATA ANALYSIS AND INTERPRETATION

After collecting the data it was tabulated and kept in sequential order according to the need of the study. The collected data were analyzed and interpreted in table, chart, figure etc to make the presentation clearer. Some simple statistics rules, i.e., number and percentage were also followed and calculated to make presentation more lucid.

4.1: Background Characteristics of Variables

Age and sex is an important element for the formulation of developmental policy and program in every sector. The perception and experience also differs according to the age hierarchy and sex division in the society.

4.1.1: Distribution of Respondents by Age Group Characteristics.

Table No.1

Respondents by Age Group Characteristics

Age of Respondents	Frequency	Percent
11-15	2	1.33
16-20	10	6.66
21-25	35	23.33
26-30	15	10
31-35	14	9.33
36-40	19	12.66
41-45	11	7.33
46-50	10	6.66
51-55	5	3.33
56-6o	3	2
60 and above	9	6
|Total	150	100.0

Table 1 displays the age composition of the respondents, which shows the highest percentage (23.33) of the respondents at the age group 21-25, which is followed by 36-40 and 41-45 age groups with the percent 12.66 and 6.66 respectively. The lowest percent, recorded in the age group 11-15, is only 1.33. This shows married women aged 21-25 visited hospital expecting treatment.

Table No.2

Distribution of Respondents by Religion

Religion of respondents	Frequency	Percent
Hindu	115	76.66
Buddhist	15	10
Christian	20	13.33
Total	150	100.0

On the basis of religion, majority of the respondent consists of Hindus that were about 76.66 percent and the Buddhists and Christians were recorded only 10, and 13.33 percent each. It shows the dominance of Hindus among the respondents followed by Christianity

Table No.3

Distribution of Respondents by Family Type

Types of family	Frequency	Percent
Single	85	56.66
Joint	65	43.33
Total	150	100.0

On the other hand, there was also dominance of single family structure. The percentage living in single family structure was 56.66, and percentage of respondents living in joint family was 43.33. It indicates that the nuclear family structure is preferred by a clear majority.

Table No.4

Distribution of Respondents by Place of Residence

Place of Residence	No. of Respondents	Percent
Village Development Committee	125	83.33
Municipality	25	16.66
Total	150	100.0

The characteristics of respondent by place of residence also determines the socio-economic situation of the respondents. The percentage of respondents living in rural

area was 83.3 and city area was 16.66. It also indicates that majority of the respondents are from the rural area visiting the hospital seeking treatment.

4.2. Distribution of Respondents by Marital and Educational Status

4.2.1. Marital Status of Respondents

Table No.5

Distribution of Respondents by Marital Status

Marital status	No of Respondents	Percent
Married couple	124	82.66
Separated	10	6.66
Widowed	15	10
Divorced	1	0.66
Total	150	100.0

Table No. 5 shows that 82.66 percent respondents are married couple and 10 percent were widowed. In the same way 6.66 percent respondents were separated and 0.66 percent divorced.

4.2.2. Educational Status of Respondents

Education is the process of facilitating learning. Knowledge, skills, values, beliefs, and habits of a group of people are transferred to other people, through storytelling, discussion, teaching, training, or research. Education frequently takes place under the guidance of educators, but learners may also educate themselves in a process called autodidactic learning. Any experience that has a formative effect on the way one thinks, feels, or acts may be considered educational. (Wikipedia)"College degrees significantly boost earnings…." (http://www.usnews.com/education/ best-colleges/articles/ 2011/08/05/how-higher-education-affects-lifetime-salary) Level of education reflects the overall configuration of community. Higher educational level determines the holistic perfection in the circumstance i.e. health, sanitation, per capita income, level of awareness and ultimately standard of living, However these all are interrelated. The overall literacy rate in 2011 census was 57.4 percent for both sexes and 71.1 percent of males and 46.7 percent of female. (http://www.indexmundi. com/nepal/literacy.html)

Table No.6

Distribution of Respondents by Educational Status

Educational Status	No of Respondent	Percent
Illiterate	38	25.33
Literate	55	36.66
Primary	25	16.66
Lower Secondary	20	13.33
Secondary	7	4.66
Higher	5	3.33
Total	150	100.00

The table shows that 25.33 percent of the respondents were illiterate and literate respondents were 36.66 percent. The respondents having secondary level education is 4.66 percent only. Similarly the respondents with the lower secondary level education and primary level education is 13.33 and 16.66 percent. And 3.33 percent respondents were found having higher education.

4.2.3. Age at First Menstruation.

Menarche is the first menstrual cycle, or first menstrual bleeding, in female humans. From both social and medical perspectives, it is often considered the central event of female puberty, as it signals the possibility of fertility. (https://www.google.com.np/ search? /manarche&aqs= chrome.. 69i57j0l5. 6543j0j4)

While girls vary in the ages that they are when they start their periods and when the other signs of puberty occur, the order is fairly consistent. Girls experience menarche at different ages. The timing of menarche is influenced by female biology, as well as genetic and environmental factors, especially nutritional factors. The worldwide average age of menarche is very difficult to estimate accurately, and it varies significantly by geographical region, race, ethnicity and other characteristics. Women living at 3250-3560 m altitude have average menarche age 16.2 years. Some estimates suggest that the median age of menarche worldwide is 14, and that there is a later age of onset in Asian population’s compared to the west. In this study the median age of first menstruation of the respondents is 14.06 which is not more deviated from the world scenario.

Table No. 7

Percentage Distribution of Respondents by Age at First Menstruation

Age of Respondents	Frequency	Percent
10-14	85	56
15-19	57	38
2o-above	1	0.66
Don't know	7	5
Total	150	100.0

Table 7 shows that most of the respondents experienced their first menstruation in the age 10-14 which is 56 percent. It is followed by the age group 15-19 that is 38 percent and 0.66 percent respondents had reported they had experienced their first menstruation in the age 20-above which is considered late from the normal age to occur. However, 5 percentage of the respondents couldn't remember their age at menarche.

4.2.4. Sources of Information about SRH

Table No-8

Source of Information about SRH

S.NO	Source of Information	Number	Percent
1	Print media	35	23.33
2	TV, Ridio	31	20.66
3	Friends	25	16.66
4	School	28	18.66
5	Parents (Family member)	15	10
6	Health personnel	16	10.66
	Total	150	100.00

The table above shows that all the respondents were well informed about SRH. The table shows 23.33 percent of respondents have answered print media as the source of SRH. Likewise, 20.66 percent responded the source as TV and Radio. Similarly 16.66,18.66,10.66 and 10 have answered the source as friend, school, parents, health personnel respectively.

4.3. Analysis of Sexual and Reproductive Problem

Reproduction is "the natural process among organisms by which new individuals are generated and the species perpetuated". In a general sense the reproduction is a process by which cells and organism produce other cells and organisms of the same kind. There production in human being is performed by the union of male and female reproductive cells (gametes). Many multicellular organisms reproduce sexually. Human health related to reproduction is commonly known as the reproductive health but it has a wide concept. Thus, reproductive health is "a state of complete physical, mental and social well-being and not merely the absence of disease of infirmity in all matters relating to its functions and process." (WHO) Reproductive health therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide when and how often to do so (ICPD:1994). The reproductive situation in the respondents is presented in the table 9 below.

Table No-9

Distribution of Respondents by Parity (Number of Child)

Child	No of Respondent	Percentage
Zero	15	10
One	10	6.66
Two	40	26.66
Three	36	24
Four	24	16
Five	14	9.33
Six and more	11	7.33
Total	150	100.0

Table no 9 presents that there is majority of the respondents having at least one child which is 90 percent. Having children indicates the parity of woman. Number of parity of woman determines the reproductive health situation of woman. More parity results in negative impact in woman's health.

The table indicates that most of the women have two parities that mean two children. The percentage of women that have two parities is nearly 30 and 26.66 percent respondents have three parity which is followed by 17.77 percent of having four

parity and 10.37 percentage having five parity. More parity is also a determining factor to affect the woman health adversely. In this situation there are nearly 33 percent respondents having four or more than four parity

4.3.1 Age at Getting First Child

Respondent can be classified by age group at first child. The need and interest of child is common for all people after their marriage. "Making the decision to have a child—it's momentous. It is to decide forever to have your heart go walking outside your body."— Elizabeth Stone. Therefore, every married people plan to have their child. But the question is when to have the baby. Pregnancy in the early or late period may be risky for both mother and child. Age is most important factor to have birth. "Like it or not, age remains the biggest determinant of fertility."

It can have adverse effect on the health of women if they conceive too early, too close, too many times and too late. "Most women hit their fertile peak between the ages of 23 and 31, though the rate at which women conceive begins to dip slightly in their late 20s. Around age 31, fertility starts to drop more quickly — by about 3 percent per year — until you hit 35 or so." (https://www.google.com.np/search?sourceid=chrome-psyapi2&ion=1&espv=2&ie=UTF-8&q=fertility%20age&oq=Fiertility% 20age&aqs=chrome. 1.69i57j0l5.12639j0j4). Among these too early and too late child bearing are related to age factors. Childbearing performance of respondents is presented in the table below.

Table No.10

Distribution of Respondents by Age at Getting First Child

Age at First Child	No of Respondents	Percentage
11-15	2	1.48
16-20	45	33.33
21-25	60	44.44
26-30	25	18.51
31-35	1	0.74
Don't know	2	1.48
Total	135	100.0

In table no.10 it is presented that 1.48 percent respondents had their first child in the age group 11-15 which is not appropriate age for child bearing. 33 percent

respondents had their first child in the age group 16-20 and 44.44 percent women responded that they had their first child in the age group from 21-25 which is the right time of bearing the first child. Another 18.51percent women had their first child in their age group from 26 -30.But 0.74 percent women had the first child in the age group 31-35, hat is not the best age of bearing the first child. Some of the respondents do not know their first child bearing age which is 1.48 percent. It also indicates that there are almost 4 percent respondents who have either early age child bearing or don't know their age at first child.

4.3.2. Situation of Sexual and Reproductive Problem in Married Women

Women's reproductive health problem covers diseases and conditions that affect the female reproductive system which includes symptoms, diagnosis, treatment, and prevention of women's reproductive health issues. It covers woman's health diseases that affect the uterus, cervix, vagina, fallopian tubes, and breasts. In this study, most of the reproductive problems in the respondents are indentified as listed in the table.

Table No-11

Percentage Distribution of Respondents by Reproductive Problems

S.N.	Problems	No. of Respondents	Percent
1	Reproductive Tract Infection	4o	26.66
2	Urinary Tract Infection	30	20
3	Menstruation Problem	29	19.33
4	Breast Problem	26	17.33
5	Uterine Problem	20	13.33
6	Menopause	5	3.33
	Total	150	100

In table 11 it shows that most of the women have experienced the reproductive tract infection. The data shows that 26.66 percent respondents have reproductive tract infection which is followed by urinary tract infection that is 20 percent and menstruation problem 19.33 percent. Similarly, 17.33 percent of the respondents have breast problem and 13.33 of them uterine problem. In the later age menopause is expressed as a kind of reproductive problem by 3.33 percent respondents.

4.3.2.1 Situation of Breast Related Problem among Married Women

Breast is one of the secondary sex organs that is a part of gynecological issues. Breast, the feminine milking organ for offspring among mammals, is one of the most vulnerable organs at their dorsal part. Breast can have many problems unique to women. The problems reported are listed in Table number 12 below:

Table No. 12

Situation of Breast Related Problem among Married Women

S.N	Breast Problems	Frequency	Percent
1	Breast lumps	14	53.84
2	Breast abscess	7	26.92
3	Mastalgia Breast	6	23.07
4	Breast cancer	2	7.69
Total		26	100.0

The table above shows that most of the respondents (53.84%) reported having some sort of lump in their breasts and they are alarmed of it. Breast abscess, some sort of local infection, came to be second largest problem with 26.92 percentage. Mastalgia, periodic or sporadic pain in the breast, is reported by 23.07 percent of respondents, and breast cancer is reported by 7.69 percent. Breast lumps, benign or malignant, can also lead to any complication like cancer, is taken as a serious threat to the respondents' health.

4.3.2.2: Situation of Uterine Problem among Married Women

Uterine, the feminine reproductive organ is vulnerable to risks and diseases. Women have specific health issues, that's the reason why most hospitals have gynecology department. And the respondents reported to have multiple complications regarding uterine health. Their responses are as tabulated below:

Table No. 13

Situation of Uterine Problem among Married Women

S.N	Uterine Problems	Number	Percent
1	Uterine cyst	6	30
2	Uterine prolapse	5	25
3	Uterine bleeding	5	25
4	Ovarian cyst	4	20
Total	Total	20	100

Table number 13 shows that 30 percent of respondents complained uterine cyst, uterine prolapse is reported to occur among 25 percent of them, uterine bleeding also covered 25 percentage. Twenty (20) percent of the respondents reported they have ovarian cyst. It shows uterine cyst, uterine prolapse and uterine bleeding are common problems among women of the study area.

4.3.2.3: Situation of Urinary Tract Related Problem among Married Women

May urinary tract related complication are also women-specific. Respondents reported they have urinary problems like renal colic, urinary colic, urinary bladder stone, pelvic inflammation and so on. The findings are tabulated below:

Table No. 14

Situation of Urinary Tract Related Problem among Married Women

S.N	Urinary Problems	Number	Percent
1	Renal Colic	7	23.33
2	Urinary Colic	10	33.33
3	Urinary bladder Stone	8	26.66
4	Pelvic Inflammation	5	16.66
Total	Total	30	100.00

Table No. 14 shows that urinary colic occurred in 33.33 percent of respondents. Urinary bladder stone was complained to have occurred among 26.66 percent of the respondents. Renal colic is reported to occur in 23.33 percent of respondents. Renal colic is a type of pain caused by kidney stones. Kidney stones (urolithiasis) are crystals that form from chemicals in the urine. Usually, a stone develops because too much of a single chemical is present in the urine. More than sixteen percent (16.66%) of respondents visited hospital because they experienced pelvic inflammation.

4.3.2.4 Situation of Menopause Related Problem among Married Women

Table No. 15

Menopause Related Problem among Married Women

S.N.	Menopause related problem	Frequency	Percent
1.	Irritation	-	-
2.	Hot flash	1	20
3.	Viginal dryness	1	20
4.	Painful intercourse	-	-
5.	Depression	2	40
6.	Backache	1	20
	Total	5	100

Table no 15 shows that depression occurred in 40 percent respondents. Other respondents have also experienced the problems of hot flush, vaginal dryness and backache. Each problem has represented 20 percent respondents' responses have come on the problems of painful intercourse and irritation.

4.3.2.5 Situation of RTI among Married Women

Reproductive Tract Infection among the respondents was found to be most serious problem (40 of the respondents reported they had RTI). Therefore the detailed inquiry into the problem was made. The findings are presented in Table No. 16 below:

Table No. 16

RTI among Married Women

SN	RTI	No. of Respondents	Percentage
1	Syphillis	0	0
2	Gonorrhea	0	0
3	HIV AIDS	0	0
4	Bacterial Vaginosis	9	22.5
5	Vaginal Itching and Irritation	11	27.5
6	Foul Smelling discharge	20	50
Total		40	100%

The table above shows that majority (50%) of the respondents who complained of having RTI had foul smelling discharge. One reason could be poor sanitary and

hygienic conditions they live in. However, this was not studied. Many others (27.5%) of the respondents who had complained having RTI reported they had vaginal itching and irritation. 9 per cent of the respondents reported they had 'bacterial vaginosis'. No respondents are found to have HIV AIDS, Gonorrhea or Syphillis.

4.3.2.6 Problems During Menstruation

Painful menstrual periods are periods in which a woman has crampy lower abdominal pain, sharp or aching pain that comes and goes, or possibly back pain. (http://www. nlm.nih.gov/medlineplus/ency/article/003150.htm)

The respondents reported that during the early menstruation period, girls frequently experience headache, backache, cramps, abdominal pain and vomiting.. As a result, they feel tired, depressed and irritable at the time of their periods. (Interview with respondents) As menstruation becomes more regular the psychological imbalance which accompany its early appearances tend to be psychologically affected. The psychological effects of adolescents are also complicated by the social excretion of parent, teacher and other adults. Following table shows the problem faced by respondents.

Table No-17

Problems Related Menstruation

Physical/Psychological Problems	Number	Percent
Pain in lower abdomen	12	41.37
Backache	5	17.24
Headache	2	6.89
Feeling of irritation	1	3.44
Feeling of scare	1	3.44
Excess bleeding	8	27.58
Total	29	100.0

Table no 17 provides the information of physical and psychological problems during menstruation cycle. The respondent reported the prevalence of many type of menses problems. In the table above almost 41.39 percent pain, 17.24 percent responded reported backache, headache 6.89 percent respondents reported so 3.44 percent respondents feel irritated, 3.44 percent respondents felt scared and 27.58 percent respondents experienced excess bleeding. So, physical and psychological problem also have a bad effect for young girls.

Menstruation shows the female hormone development, and ovum production. The time of menarche may be different as it depends on nutrition, climate, recreation activities and so on.

Above mentioned responses indicate that the girls suffered from many physical problems which are generally seen in every girls during their menstruation period.

4.4. Response to the Sexual and Reproductive Health Problems

Reproductive health implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. The response to the problem of the patients determines the safe health situation. "The literacy rate in Nepal is 44.5 per cent for women, revealing a Gender Parity Index (GPI) at 0.62, with women still lagging behind men by more than 27 percentage points. May 9, 2011" + rate+nepal+women& spell=1&sa=X&ved=0CBkQvw UoAGoVCh MI1JL v_8iexwIVyx-OCh3rkwhF&biw =1366 &bih= 667). This does not indicate the satisfactory result in the field of reproductive health. The response to the problem by the respondents in the study is presented in Table 20 below.

Table No-18

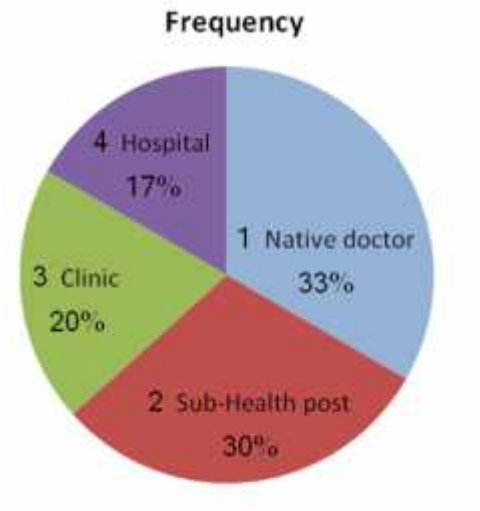
Distribution of the Respondents by Visit Place First Time for Treatment

SN	Visit	Frequency	Percent
1	Native doctor	50	33.3
2	Sub-Health post	45	30
3	Clinic	30	20
4	Hospital	25	16.6
	Total	150	100.0

According to the data presented in the table 19 majorities of the respondents were found visiting native doctor first time seeking for treatment after the problem appeared. The percentage of the respondents going to the native doctor first time for treatment is 33.3 percent which is followed by health post 30 percent, clinic 20 and hospital 16.6 percent. It indicates that there is still a practice in the women to visit first time if any health problem appears. To elucidate the statistics above, it is presented in a pie chart below:

Figure No. 2

Percentage Distribution of Respondents by Visit First Time for Treatment



4.4.1. Distribution of the Respondents by their Helping Person

During the menstruation period, there needs a help. Respondents were asked about help during menstruation. They need other's help during first menstruation as the period is critical. The responses are presented in tabulated form below:

Table No-19

Sharing of Menstrual Problem

Sharing of the Problem	Number of Respondents	Percent
Father /Mother	45	40
Friends /peers	12	8
Brother /sister	13	8.66
Doctor	9	6
Health Personnel	10	6.66
Maintaining secretly	60	30
Total	150	100.0

The table shows that father/mother has highest percentage in sharing aspects. Next by herself alone in secret is in the second ranking, i.e. 30 percent. Likewise friends/peers, brother/sister, doctor and HP make 8, 8.66, 6, 6.66 respective ranks.

4.4.2: Time of Visiting Doctor

Respondent frequented doctors and hospitals in case of their complaints. The table below presents the frequency and percentage of their visits.

Times of Visiting Doctor

Table No-20

Visiting Doctor	Frequency	Percent
First Time	27	18
Second Time	57	38
Third Time	30	20
Fourth Time and Above	36	24
Total	150	100

The table shows the number of respondents who visited doctor second time is higher, with 38 percent. This number of frequency shows the fourth time visitors are in next to second time visitors having 24 percent. Third time visitors and first time visitors are 20 percent and 18 percent respectively.

4.5: Summary

This study has analyzed reproductive and sexual health problems and its management among married women in Okhaldhunga Community Hospital Okhaldhunga. Knowledge on sexual behaviour is a part of reproductive health. Sex is the inborn capacity and basic need for human beings. There are various sexual behaviors in practice nowadays. Sexual and reproductive health problem among married women have been increasingly recognized in recent years. So, Sexual and reproductive health problem among married women is seen increasing. Such problems affect them physically, psychologically and in overall quality of life. This study has mainly based on data obtained from the married women who were suffering from sexual and reproductive health problem in Community Hospital Okhaldhunga. Study provides information about suffering due to the lack of related knowledge of SRH, and problem management among married women. The study is done in the descriptive research design with data information used by questionnaires amongst 150 married women. The study has tried to analyze the knowledge of SRH, problems and behaviour, i.e., health problems of SRH, FP, abortion, STI'S, HIV/AIDs,

menstruation, and to explore the need of sexual and reproductive health problems and its management etc.

4.6: Findings

The major findings obtained during the time of analysis and interpretations of data are presented below.

- Majority of the visitors in the Hospital were from the age group 21-25. This shows this age group had more sexual and reproductive health problems and they visited doctors believing doctor's treatment.
- The respondents from all faiths and creeds visited hospitals.
- Respondents from both nuclear and joint family structure visited hospitals. This shows the problem exists and they expect treatment irrespective of their family type.
- The respondents from both villages and urban settlement visited hospitals irrespective of their settlement. Majority of the respondents were villagers, indicating health awareness among them.
- Married, separated, divorced and widowed women have reproductive health hazards. Married women living with husbands had more sex-related hazards.
- Literate and educated women visited hospitals more often than their illiterate counterparts.
- Menarche was found to be at the age of 14.06 years, which complies to world average.
- All Married women are informed and aware of sex hazards and SRH.
- Married women attended hospitals for treatment of menstrual disorders/pains.
- Married women are conscious and pro-active if they see any lumps in their breasts. They see the lumps, benign or malignant, a threat to their life.
- Uterine cyst, uterine prolapse and bleeding are taken to be a serious health problem by the respondents and they want immediate treatment.
- Calculus deposit or urinary tract infection took place among many (30) respondents. This accounts to occur in 20 percent of the respondents.

- Married women shared their SRH issues within the family. A considerable number of them managed themselves.
- Birth spacing, birth frequency and birth time is by choice, not by chance. 40 percent of respondents had only two children.
- The researcher found that 44.44 percent respondents had the first child between the age 21-25; which is good.
- According to the data, majorities of the respondents (33.3%) were found to have visited native doctors first, seeking treatment when the problem appeared.
- Married women frequently visited hospital for treatment. 24% of them visited hospitals more than four times.
- All respondents had knowledge of STI, HIV and AIDs.
- Almost respondents 37.5% have frequently used condom. Only 4.16 used Minilap as means to birth control.
- Depression occurred to many respondents during menopause (40%). Problems of hot flush, vaginal dryness and backache was found in a considerable percentage of respondents during menopause.
- Majority of the respondents who visited the hospital complaining RTI were found to have foul smelling discharge.

CHAPTER-V

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Human sexual behaviour is socially, culturally diverged and determined by different factors. Varieties of sexual behaviors and sexual problems are interrelated with each other. Valid and acceptable sex behaviour helps conduct better relation; but from negative, invalid and unacceptable behaviour brings to risks and hazards. In this study, the researcher was conscious to find from the respondents actual sexual and reproductive health problems with the help of better rapport building during interview.

It is a big issue of our country in general and Okhaldhunga in particular to have sexual and reproductive health problems among married women. In this context is it strongly recommended to have health related awareness programmes to alleviate and prevent RH problem. This problem of women, in particular married women, consists of different diseases and sufferings such as reproductive tract infection, urinary tract infection, menstruation problem, breast problem, uterine problem, menopause etc. In order to avoid certain amount of such problem there should be knowledge of family planning methods and devices. This directly affects the quality of life. Reproductive health problem is mainly related to women, so women must be keep in center to prevent such problems.

5.2 Recommendations

On the basis of fact findings on married women's sexual and reproductive health problems and its managements, some recommendations for the improvement in the related field are given below.

5.2.1 Policy Related

- The major barriers the married women should be identified and programs should be initiated to overcome the SRH and their hazards.
- It is felt necessary to provide sexual reproductive orientation to youngsters at early age. Government need enhance the capacity of concerned institutions on SRH and gender issues.
- To make parents and the family ready to prevent early marriage through the parents' education and awareness campaign.

- Sexual and reproductive health education must be made compulsory in the primary level to higher level.
- Reproductive health education will be helpful to alleviate wrong concept regarding SRH among the community people. Education helps them prefer doctors to native doctors for their treatment of sex-related diseases.
- Strong advocacy is now required to increase the commitment to address the need of adolescent health.
- There must be provision of one counselor about SRH issues in each school/ community.
- There should be plans for reviewing and revising SRH issues in school curricula and informal education program.
- Women can gain more information about sexuality from their parents or family members so that some programs should be lunched for children and parents simultaneously.
- Policy and program regarding sexual behaviours and sexual health problem should be consolidated.
- A detailed research is a must on sexual and reproductive health of educated and uneducated married women in Nepal.

5.2.2 Practice Related

- Married women should be given appropriate knowledge about family planning devices.
- They should be more conscious about the personal hygiene, especially at the time of menstrual period.
- The research finds that there is practice of child bearing early in the 20 years of age. So it is recommended to delay the child bearing behavior until they reach the age of 20 years.
- There are nearly 33 percent women who visit native doctor for the first time for check up, it is necessary to change the concept, faith and behavior and should be encouraged to visit doctors or hospitals.
- Follow up visits need be encouraged, for complete treatment of their ailments.

5.2.3 Further Research-Related

- A comparative study is essential between urban and rural Nepalese married women regarding reproductive health problems.
- Further researches can be conducted regarding married women's problems and management.
- This study provides the general overview of reproductive health problem but in-depth the stud**y** concerning this sector can be carried out in other parts of Nepal**.**
- This study was based on small size covering a small sample, so this type of study can be conducted to large population size and area to find out more information.
- This study covers a single hospital which can not represent all the women, so further study in other parts is essential in the future.

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APPENDIX

Tribhuvan University

Facuiity of Education

Janata Multiple campus

Health Department

Itahari Sunsari

A study of sexual and Reproductive Health Problems Among Women Married Visiting Community Hospital Okhaldhunga.

(The reported view will be kept highly confidential. It will be used only for this research purpose.)

1.Personal Details:

1.1	Name of the Respondents……..
1.2	Address : District:…… M/VDC:…….. Ward No:……
1.3	Age:
1.4	Age at Marriage:
1.5	Religion:
1.6	Education:
1.7	Age at First Child birth:
1.9	Parity
1.10	Type of Family:
1.11	Marital Status:

2. Reproductive health Problem

2.1	What kind of health problems are you facing now?	(a) uterine problem (b) breast problem (c) Urinary tract infection (d)Reproductive tract infection (e) menopause (f) menstruation problem
2.2	How many times did you visit doctors?	(a)First time (b)second time c)Third time (d)Fourth time and above
2.3	Where did you first get your health checked up?	a)Native doctor (b) Sub-health post (c) Clinic (d) Hospital
2.4	Do you follow any family planning devices?	(a) yes (b) No
2.5	How many children did you give birth to?	a)one b)two c)three d) four (e)Five (f)Six and more
2.6	How did you hear about RH problem?	(a)Print media (b)T.V/Radio (c)Friend (d)School (e)Parents (Family member) (f)Health Personnel

3. Uterine problem

31	Do you have any of these uterine problems?	a) uterine cyst b) uterine prolapse c) uterine bleeding d) ovarian cyst
3.2	How long is it you are facing this problem?	.....
3.3	Do you know uterine prolapse?	a) yes b) no
3.4	Have you any problem of uterine prolapse?	a) yes b) no

4. Breast problem

4.1	Do you have any problem regarding breast?	a)Yes B)N0
4.2	What type of problem do you have regarding breast?	a) Breast lumps b) Breast abscess c) Mastalgia Breast d) Breast cancer

5. Urinary Tract Infection

5.1	How did you know that you have UTI?	…….
5.2	Do you have any problem of the following?	a) Renal colic b) Ureteric colic c) Urinary bladder stone d) Pelvic inflammatory Diseases

6. Menopause

6.1	Do you have any problem regarding menopause?	a) yes b) No.
6.2	If yes, what problem you have experienced?	a) irritation b) hot flash c) vaginal dryness d) painful intercourse e) depression f) backache

7. Reproductive Tract Infection

7.1	Do you have any RTI?	a) yes b) no
7.2	If yes, which of the following is STI?	a) Shyphillis b) Gonorrhoea c) HIV/AIDS d) Bacterial Vaginosis f) Vaginal Itching and irritation g) foul smelling discharge

8. Menstrual Problem

8.1	At what age did first Menstruation start?	Age .....
8.2	Did you share your feeling or the problem you faced during the first Menstruation?	a) Yes b) No
8.3	Whom did you share with?	a) Brother and sister b)friend /Peer c) parents d)Doctor e)Health personal f)Maintaining secretly
8.4	Do you face any physical problem during menstruation?	a) Back ache b) Headache c) pain in lower abdominal d) Feeling irritate e) Feel scare f) Excess bleeding