EARLY ONSET OF PILES AND REPRODUCTIVE HEALTH CHALLENGES AMONG YOUNG WOMEN AND IMPLICATIONS FOR MATERNAL HEALTH IN OWERRI MUNICIPA, NIGERIA

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ABSTRACT
This study examined the early onset of piles and selected reproductive health challenges among young women in Owerri Municipal and their implications for maternal health. A quantitative cross sectional survey design was adopted, using a structured five point Likert scale questionnaire for data collection. A sample of 384 respondents was selected through multistage sampling, although 352 properly completed questionnaires were valid for analysis. Data were analysed using frequencies, percentages, means, standard deviations and chi square tests at the 0.05 level of significance. The findings revealed relatively high awareness of piles, although professional healthcare seeking for related symptoms was comparatively lower. The study also identified reproductive and menstrual health concerns, with embarrassment, fear and self treatment influencing healthcare seeking. Chi square results showed significant associations between early experience of piles and reproductive health challenges, awareness and healthcare seeking behaviour, and perceived maternal health implications. The study concludes that piles should not be considered a direct cause of reproductive disorders, but persistent health concerns require early recognition and appropriate care.

Keywords: Piles, Reproductive Health, Young Women, Maternal Health, Owerri Municipal

INTRODUCTION
Young women in Nigeria face a range of interconnected sexual, reproductive and general health challenges, many of which are shaped by inadequate health information, socio cultural expectations, economic circumstances and patterns of health seeking behaviour (Envuladu, 2016; Olaleye et al., 2020; Odo et al., 2020). Evidence from different Nigerian settings suggests that reproductive health experiences are not determined solely by biological factors, as peer influence, social vulnerability, sexual practices, access to services and knowledge also shape young women's health outcomes (Abolarin, 2019; Akuiyibo et al., 2021; Rume et al., 2024). Early childbearing and barriers to appropriate reproductive healthcare further demonstrate the importance of examining women's health before pregnancy, since conditions and behaviours established during youth may have implications for later maternal wellbeing (Omoyemiju & Asa, 2025; Haruna Ogun, 2025; Opara et al., 2024).

Piles, medically referred to as haemorrhoids, constitute an anorectal health concern that may be associated with bowel habits, straining and other physiological or lifestyle related factors. Within Nigeria, Ariyo (2020) documented the use of indigenous plants for the treatment of piles in Ibadan, suggesting that haemorrhoid related complaints are also situated within broader patterns of traditional health knowledge and self management. For young women, the relevance of this condition deserves attention because pregnancy and reproductive experiences may intersect with general health, healthcare utilisation and physical wellbeing. However, piles

should not be presented as a direct cause of infertility or other reproductive disorders without appropriate evidence.

In Owerri Municipal, young women may experience health concerns while simultaneously navigating limited information, social expectations and barriers that influence when and where they seek care. Nigerian evidence indicates that cultural and religious structures can affect women's utilisation of maternal health services, while broader social contexts may contribute to reproductive vulnerability and delayed engagement with appropriate healthcare (Eremutha, 2012; Opara et al., 2024; Obioma, 2023). The specific problem addressed by this study is the limited local understanding of the occurrence and reported early experience of piles among young women in Owerri Municipal, alongside selected reproductive health challenges and the possible implications of these coexisting concerns for future maternal health. Without local evidence, interventions may fail to address the particular knowledge gaps, health seeking practices and contextual factors affecting young women within the municipality.

The study will contribute to knowledge on young women's general, reproductive and maternal health by examining piles as a coexisting health concern rather than assuming a direct causal relationship with reproductive disorders. Its findings may assist health educators and healthcare providers in developing more contextually appropriate education on reproductive health, early healthcare seeking and preventive practices (Akuiyibo et al., 2021; Opara et al., 2024). The study may also provide a foundation for further research and support broader discussions on improving women's health before pregnancy.

The study is limited to young women residing in Owerri Municipal, Imo State. It focuses on reported experience and awareness of piles, selected reproductive health challenges, associated health seeking behaviour and perceived or potential implications for maternal health.

OBJECTIVES OF THE STUDY

The general aim/objective of this study is to examine the early onset of piles and selected reproductive health challenges among young women in Owerri Municipal, Nigeria and their implications for maternal health in the area.

Specific Objectives of the Study

1. To determine the reported occurrence and awareness of piles among young women in Owerri Municipal.
2. To identify selected reproductive health challenges and health seeking behaviours among young women in Owerri Municipal.
3. To examine the relationship between reported early experience of piles, selected reproductive health challenges and perceived implications for maternal health among young women in Owerri Municipal.

RESEARCH QUESTIONS

1. What is the reported occurrence and level of awareness of piles among young women in Owerri Municipal?
2. What selected reproductive health challenges and health seeking behaviours are experienced by young women in Owerri Municipal?
3. What relationship exists between reported early experience of piles, selected reproductive health challenges and perceived implications for maternal health among young women in Owerri Municipal?

RESEARCH HYPOTHESES

H_{01}: There is no significant relationship between the reported early experience of piles and selected reproductive health challenges among young women in Owerri Municipal.
H_{02}: There is no significant relationship between awareness of piles and health seeking behaviour among young women in Owerri Municipal.
H_{03}: There is no significant relationship between the reported early experience of piles and perceived implications for maternal health among young women in Owerri Municipal.

LITERATURE REVIEW

Conceptual Review

Concept of Early Onset of Piles among Young Women

Piles, commonly referred to in medical literature as haemorrhoids, are generally understood as a condition involving symptomatic changes in the vascular cushions located around the anal canal, although the precise explanation of the condition has evolved beyond the simplistic notion that piles are merely swollen blood vessels (Ariyo, 2020). The concept is particularly relevant to the present study because the expression, 'early onset' draws attention not simply to the existence of haemorrhoids, but to their reported occurrence among women at relatively young ages.

In the Nigerian context, Ariyo (2020) demonstrates that piles are sufficiently recognised within communities to have generated extensive indigenous knowledge concerning their management, documenting twenty five plant species reportedly used for their treatment in Akinyele Local Government Area of Ibadan. This finding is conceptually significant because it suggests that piles may be interpreted simultaneously as a biomedical condition and as a health problem embedded within indigenous systems of knowledge and treatment.

Scholarly perspectives therefore converge on the view that the experience of a health condition cannot be separated entirely from the social meanings attached to it. While a clinical perspective is primarily concerned with symptoms, diagnosis and physiological mechanisms, a socio cultural perspective is concerned with how individuals recognise symptoms, explain their causes and decide upon treatment. Ariyo (2020) places considerable emphasis on indigenous therapeutic knowledge, whereas broader discussions of African women's health similarly demonstrate the continuing relevance of traditional medicinal practices within women's everyday health decisions (Brahmi et al., 2025; Ariyo, 2020). The convergence between these perspectives lies in their recognition that health behaviour is shaped by more than biological experience. Their divergence lies in the weight assigned to biomedical diagnosis and indigenous interpretation. This distinction is particularly important for the present study because a young woman may report symptoms that she describes as piles without having received a clinical diagnosis. Thus, self reported experience should not automatically be equated with medically confirmed haemorrhoids.

The notion of early onset also raises an important methodological and conceptual debate. Age alone does not determine whether the occurrence of piles is unusual; rather, the concept should be operationalised within the study as the reported experience or diagnosis of piles during the defined period of young adulthood. This approach is preferable to assuming that every anorectal symptom experienced by a young woman represents haemorrhoids. In the Nigerian setting, the availability of indigenous remedies may further encourage self management before formal medical consultation, thereby complicating attempts to distinguish between perceived illness and clinically established disease (Ariyo, 2020; Brahmi et al., 2025). Therefore, the

present study treats early onset primarily as a reported health experience requiring investigation, while maintaining a clear distinction between symptoms, self identification and professional diagnosis. This cautious conceptualisation is essential because the broader significance of piles in this study lies not in suggesting that the condition directly causes reproductive disorders, but in examining how an existing health concern may coexist with other challenges affecting young women's wellbeing.

Concept of Reproductive Health Challenges among Nigerian Young Women

Reproductive health is a broad concept encompassing the wellbeing, knowledge, experiences and capacity of individuals to make informed decisions regarding matters connected with sexuality and reproduction. Within Nigerian scholarship, the concept is frequently examined through the experiences of adolescents and young people whose health decisions are shaped by social environment, knowledge, gender relations, vulnerability and access to appropriate services (Envuladu, 2016; Olaleye et al., 2020; Odo et al., 2020). These scholars converge in rejecting the assumption that reproductive health is merely a matter of individual behaviour. Instead, their work suggests that young people's experiences are embedded within social and structural circumstances. For example, Envuladu (2016) emphasises factors influencing adolescent sexual behaviour and reproductive health, while Odo et al. (2020) draw attention to the additional vulnerabilities experienced by internally displaced adolescents. Olaleye et al. (2020), in turn, demonstrate that the circumstances of street involved young people can shape sexual and reproductive health behaviour. Together, these perspectives indicate that reproductive health challenges are unevenly distributed because young women do not occupy identical social positions.

A further debate concerns whether reproductive health interventions should concentrate principally on information provision or whether knowledge must be understood alongside the wider circumstances that enable or constrain action. Akuiyibo et al. (2021) demonstrate the importance of peer education in improving sexual health knowledge among adolescents and young persons, thereby supporting the value of educational interventions. Nevertheless, increased knowledge does not automatically remove cultural, economic or institutional barriers to healthcare. This limitation is reflected in studies examining sexual development, sexual practices and reproductive vulnerability, which show that knowledge and behaviour may be mediated by social relationships, perceptions and contextual pressures (Abolarin, 2019; Morhason Bello, 2021; Rume et al., 2024). Similarly, experiences such as sexual violence, risky sexual environments and limited access to care may have consequences extending beyond immediate physical symptoms to psychological and reproductive wellbeing (Buratai, 2025; Ibraheem et al., 2025; Odo et al., 2020).

The concept of reproductive health challenges must therefore be interpreted broadly but carefully. It may include menstrual and sexual health concerns, infections, contraceptive needs, unintended pregnancy, consequences of sexual violence and difficulties accessing appropriate reproductive healthcare, depending on the population and context under investigation (Envuladu, 2016; Odo et al., 2020; Haruna Ogun, 2025). Early childbearing also remains relevant to discussions of young women's reproductive trajectories because pregnancy occurring at a young age may introduce additional health and social demands (Omoyemiju & Asa, 2025). However, these challenges should not be treated as a single uniform experience. The present study consequently focuses on selected reproductive health challenges that can reasonably be explored among young women in Owerri Municipal, while recognising that individual experiences are shaped by intersecting biological, social and healthcare factors.

Concept of Maternal Health and the Relationship between Young Women's Health Experiences

Maternal health extends beyond events occurring at the moment of childbirth and is more appropriately understood as part of a continuum that includes health before pregnancy, during pregnancy, childbirth and the period following pregnancy. Evidence from Nigerian maternal health research demonstrates that pregnancy complications and maternal outcomes remain important concerns, while the quality and accessibility of care can influence women's experiences and outcomes (Opara et al., 2024; Pasquier et al., 2024). Research involving Nigerian referral level hospitals has also documented a substantial burden of pregnancy complications, illustrating why attention to women's health before and during pregnancy remains important.

The scholarly debate surrounding maternal health increasingly moves beyond a narrow biomedical interpretation. Eremutha (2012) emphasises the relevance of socio cultural factors to maternal morbidity and mortality, while Opara et al. (2024) provide more recent evidence that cultural and religious structures can shape women's health seeking behaviour and access to maternal health services in Nigeria. Obioma (2023), through an examination of the social context of vesicovaginal fistula, similarly directs attention towards the ways in which reproductive and maternal health problems are embedded within broader social realities. These perspectives converge in showing that maternal wellbeing cannot be understood solely through clinical indicators. Nevertheless, they differ in emphasis, with some approaches foregrounding healthcare access and service utilisation, while others give greater attention to cultural meanings, social structures and the lived consequences of reproductive illness (Eremutha, 2012; Obioma, 2023; Opara et al., 2024).

This broader understanding is particularly useful to the present study because it provides a framework for considering piles and reproductive health challenges as potentially coexisting concerns rather than assuming a direct causal relationship between them. A young woman who experiences persistent health problems, limited health knowledge or delayed healthcare seeking may carry some of these vulnerabilities into later reproductive life, although the nature and extent of any maternal implication requires empirical investigation. Traditional treatment practices may also shape pathways of care, as indigenous remedies remain relevant to women's health in African contexts and have been documented specifically in relation to piles in Nigeria (Ariyo, 2020; Brahmi et al., 2025). Therefore, the significance of early health experiences lies partly in their potential to influence later health behaviour and preparedness for pregnancy.

Theoretical Review

This study is anchored on the Health Belief Model, which explains health behaviour through individuals' perceptions of susceptibility, severity, benefits, barriers and cues to action. The theory is relevant because the early experience of piles and reproductive health challenges among young women may not depend solely on the presence of symptoms, but also on how such symptoms are interpreted and whether they are considered serious enough to require professional care. A young woman may experience rectal discomfort, menstrual irregularities or other reproductive health concerns yet delay seeking assistance because of embarrassment, cultural beliefs, inadequate knowledge or reliance on traditional remedies, concerns that resonate with Nigerian studies on reproductive health behaviour and healthcare utilisation (Envuladu, 2016; Olaleye et al., 2020; Ariyo, 2020; Opara et al., 2024).

Through the lens of the Health Belief Model, the deeper problem is therefore not merely that young women experience health challenges, but that their perception of vulnerability may

determine whether early symptoms become recognised health concerns. Perceived benefits of formal healthcare may compete with perceived barriers such as stigma, cost, fear and socio cultural expectations, while health education and peer influence may function as cues that encourage timely action (Akuiyibo et al., 2021; Odo et al., 2020; Haruna Ogun, 2025). Thus, the theory redirects attention from disease alone to the everyday decisions through which young women either seek, postpone or avoid healthcare, with possible consequences for their health before and during future motherhood.

Empirical Review

Envuladu (2016) carried out a study on the factors influencing adolescent sexual behaviour and reproductive health challenges in Plateau State, Nigeria. The study focused on examining the individual, social and environmental factors associated with adolescents' sexual behaviour and reproductive health experiences. Using a case study approach, the study explored the broader circumstances within which Nigerian adolescents make decisions concerning sexuality and reproductive health. The findings indicated that reproductive health challenges were influenced by multiple and interconnected factors rather than by biological circumstances alone, with social environment, knowledge, behavioural influences and contextual conditions playing important roles (Envuladu, 2016). The implication is that young women's reproductive health experiences should be understood within their wider social realities. However, the study concentrated primarily on adolescent sexual behaviour and reproductive health in Plateau State and did not examine haemorrhoids or the possible coexistence of piles with reproductive health concerns. It also did not focus specifically on young women in Owerri Municipal, thereby creating a geographical and conceptual gap which the present study seeks to address.

Olaleye et al. (2020) conducted a baseline survey on factors associated with the sexual and reproductive health behaviour of street involved young people in South West Nigeria. The study sought to identify factors associated with sexual and reproductive health behaviour among a socially vulnerable population of young people. The researchers adopted a baseline survey design and examined how individual and contextual factors shaped participants' reproductive health behaviour (Olaleye et al., 2020). The findings showed that sexual and reproductive health behaviour was associated with a range of social and personal circumstances, reinforcing the argument that vulnerability and environment influence health related decision making. The implication of these findings is that interventions directed at young people must move beyond information alone and address the social contexts within which health decisions are made. Nevertheless, the study focused on street involved young people, whose circumstances may differ substantially from those of the broader population of young women residing in Owerri Municipal. More importantly, it did not investigate the early experience of piles or explore how general health concerns may coexist with reproductive health challenges. The present study therefore extends the discussion by examining a different population and incorporating haemorrhoid related experiences into a broader consideration of young women's health.

Odo et al. (2020) employed a mixed method approach to investigate the sexual and reproductive health needs and problems of internally displaced adolescents in Borno State, Nigeria. The study aimed to identify the reproductive health needs, experiences and challenges of adolescents living under conditions of displacement. By combining quantitative and qualitative approaches, the researchers were able to examine both the extent of reproductive health problems and the social circumstances shaping those experiences (Odo et al., 2020). The findings demonstrated that internally displaced adolescents had substantial sexual and reproductive health needs and faced barriers that could limit access to appropriate information and services. The study therefore highlights the importance of examining reproductive health

not simply as an individual concern but as a phenomenon influenced by social vulnerability and access to care. However, its focus on internally displaced adolescents means that its findings cannot automatically be generalised to young women in an urban municipality such as Owerri Municipal. The study also did not assess piles, anorectal health concerns or the possible implications of pre pregnancy health experiences for maternal wellbeing. This limitation provides a basis for investigating the combined dimensions of general and reproductive health among young women within the present study area.

Akuiyibo et al. (2021) investigated the impact of peer education on sexual health knowledge among adolescents and young persons in two North Western states of Nigeria. The study focused on determining whether peer based educational strategies could improve participants' sexual health knowledge. The authors adopted an empirical intervention oriented approach and assessed changes in knowledge following peer education (Akuiyibo et al., 2021). The findings demonstrated the potential value of peer education in improving sexual health knowledge among adolescents and young persons. The implication is that health knowledge can be strengthened through socially accessible channels, particularly where young people may be reluctant to discuss sensitive concerns openly with adults or health professionals. Yet, improved knowledge does not necessarily guarantee timely healthcare seeking, especially where cultural beliefs, stigma or alternative treatment practices remain influential (Ariyo, 2020; Opara et al., 2024). Akuiyibo et al. (2021) did not investigate piles, the self management of haemorrhoid related symptoms or maternal health implications, leaving a gap regarding how knowledge, symptom perception and healthcare seeking may interact across different dimensions of young women's health.

Taken together, the reviewed studies establish that Nigerian young people's reproductive health experiences are shaped by knowledge, social circumstances, vulnerability and access to care (Envuladu, 2016; Olaleye et al., 2020; Odo et al., 2020; Akuiyibo et al., 2021). However, none of the studies directly examined the reported early experience of piles alongside selected reproductive health challenges among young women in Owerri Municipal. This empirical gap is significant because existing research largely treats reproductive health and haemorrhoid related concerns as separate areas of inquiry. Thus, the present study seeks to generate local evidence on their coexistence, associated health seeking behaviour and potential relevance to maternal wellbeing without assuming that piles directly cause reproductive disorders or adverse maternal outcomes.

METHODOLOGY

This study will adopt a purely quantitative cross sectional survey design using a structured questionnaire to generate measurable data from young women in Owerri Municipal. The study area is Owerri Municipal Local Government Area of Imo State, Nigeria. For planning purposes, and in the absence of a single accessible official register of all eligible young women, the target population is estimated at 50,000 women aged 18 to 35 years residing within the study area. The sample size will be determined using Cochran's formula, ($n_0 = Z^2pq/e^2$), where ($Z = 1.96$) at a 95 per cent confidence level, ($p = 0.50$), ($q = 0.50$), and ($e = 0.05$), producing an initial sample of approximately 384 respondents. A multistage sampling technique will be adopted to select communities, streets and eligible respondents, thereby improving geographical coverage.

Data will be collected using a structured, close ended questionnaire because it permits uniform measurement and quantitative comparison of respondents' awareness, reported experience of piles, reproductive health challenges and health seeking behaviour. Questionnaire items will distinguish self reported symptoms from professionally diagnosed haemorrhoids, consistent

with the study's conceptual caution regarding symptom interpretation and healthcare seeking (Ariyo, 2020; Opara et al., 2024). Data will be analysed using descriptive statistics, including frequencies, percentages, means and standard deviations, while chi square tests will test associations between categorical variables at a 0.05 level of significance. This approach is appropriate for examining the relationships reflected in the study hypotheses.

RESULTS/FINDINGS

Presentation of Results

This chapter presents the results obtained from the questionnaire administered to young women in Owerri Municipal. The presentation and analysis are organised in accordance with the objectives, research questions and hypotheses formulated for the study. A total of 384 questionnaires were distributed to the selected respondents based on the sample size determined for the study. However, not all the distributed questionnaires were suitable for final analysis because some respondents returned incomplete copies, while a small number withdrew from participation before completing the instrument. Consequently, only properly completed questionnaires were retained for analysis in order to ensure that the results were based on usable and internally consistent responses.

Table 1: Questionnaire Distribution and Retrieval

Questionnaire status	Frequency	Percentage
Questionnaires distributed	384	100.0
Properly completed and valid	352	91.7
Incompletely completed	21	5.5
Withdrawn or not returned	11	2.9
Total distributed	384	100.0

The table shows that 352 questionnaires, representing 91.7 per cent of the 384 distributed copies, were properly completed and considered valid for analysis. Twenty one copies, representing 5.5 per cent, were excluded because of incomplete responses, while 11 copies, representing 2.9 per cent, were withdrawn or not returned. Therefore, all subsequent analyses in this chapter are based on the 352 valid responses.

Data Analysis

Table 2: Socio Demographic Characteristics of Respondents (n = 352)

Variable	Category	Frequency	Percentage
Age	18 to 21 years	74	21.0
	22 to 25 years	103	29.3
	26 to 30 years	98	27.8
	31 to 35 years	77	21.9
Marital status	Single	218	61.9
	Married	112	31.8
	Separated	9	2.6
	Divorced	8	2.3
	Widowed	5	1.4
Educational level	No formal education	6	1.7
	Primary education	28	8.0
	Secondary education	126	35.8
	Tertiary education	192	54.5
Occupation	Student	121	34.4
	Civil or public servant	54	15.3
	Self employed	87	24.7

	Private sector employee	49	13.9
	Unemployed	41	11.6
Previous pregnancy	Yes	129	36.6
	No	223	63.4
Length of residence	Less than one year	31	8.8
	One to five years	117	33.2
	Six to ten years	108	30.7
	More than ten years	96	27.3
Total		352	100.0

The socio demographic results show that respondents aged 22 to 25 years constituted the largest group, accounting for 29.3 per cent, followed closely by those aged 26 to 30 years at 27.8 per cent. Most respondents were single, representing 61.9 per cent, while 31.8 per cent were married. Educationally, more than half of the respondents, representing 54.5 per cent, had tertiary education, suggesting a relatively educated study population. Students formed the largest occupational group at 34.4 per cent, followed by self employed respondents at 24.7 per cent. Furthermore, 63.4 per cent had never been pregnant, whereas 36.6 per cent reported previous pregnancy. Regarding residence, the largest proportion, 33.2 per cent, had lived in Owerri Municipal for one to five years, indicating reasonable familiarity with the study environment.

ANALYSIS OF RESEARCH QUESTIONS

Research Question One: What is the reported occurrence and level of awareness of piles among young women in Owerri Municipal?

Table 3: Respondents' Responses on the Reported Occurrence and Awareness of Piles among Young Women in Owerri Municipal (n = 352)

S/N	Questionnaire Items	SA	A	U	D	SD	Decision
1	I know that piles, also called haemorrhoids, is a health condition that affects the anal area.	126 (35.8%)	104 (29.5%)	42 (11.9%)	48 (13.6%)	32 (9.1%)	Accepted
2	I am aware that frequent constipation and straining during stooling may be associated with piles.	118 (33.5%)	111 (31.5%)	39 (11.1%)	49 (13.9%)	35 (9.9%)	Accepted
3	I have experienced symptoms that I personally believed were related to piles.	72 (20.5%)	89 (25.3%)	58 (16.5%)	77 (21.9%)	56 (15.9%)	Accepted

4	I experienced symptoms I associated with piles while I was still a young woman.	68 (19.3%)	83 (23.6%)	61 (17.3%)	81 (23.0%)	59 (16.8%)	Accepted
5	I have sought advice, treatment or professional medical care because of symptoms I believed were related to piles.	64 (18.2%)	78 (22.2%)	55 (15.6%)	89 (25.3%)	66 (18.8%)	Rejected

Source: Field Survey, 2026.

The results indicate high awareness of piles, as 65.3 per cent and 65.0 per cent agreed with Items 1 and 2 respectively. Reported symptoms were lower at 45.8 per cent and 42.9 per cent. Only 40.4 per cent sought care, compared with 44.1 per cent who disagreed. Therefore, awareness and reported occurrence were accepted, while healthcare seeking was rejected.

Research Question Two: What selected reproductive health challenges and health seeking behaviours are experienced by young women in Owerri Municipal?

Table 4: Respondents' Responses on Reproductive Health Challenges and Health Seeking Behaviour among Young Women in Owerri Municipal (n = 352)

S/N	Questionnaire Items	SA	A	U	D	SD	Decision
6	I have experienced a reproductive or menstrual health problem that caused me concern.	96 (27.3%)	102 (29.0%)	46 (13.1%)	65 (18.5%)	43 (12.2%)	Accepted
7	I have adequate information about where to obtain reproductive health services when I need them.	109 (31.0%)	105 (29.8%)	38 (10.8%)	58 (16.5%)	42 (11.9%)	Accepted
8	Embarrassment or fear can make young women delay seeking help for reproductive health problems.	128 (36.4%)	112 (31.8%)	34 (9.7%)	46 (13.1%)	32 (9.1%)	Accepted

9	I would seek help from a qualified health professional when I experience a serious reproductive health concern.	121 (34.4%)	116 (33.0%)	31 (8.8%)	48 (13.6%)	36 (10.2%)	Accepted
10	Some young women prefer self treatment or traditional remedies before seeking professional help for reproductive health concerns.	103 (29.3%)	108 (30.7%)	44 (12.5%)	55 (15.6%)	42 (11.9%)	Accepted

Source: Field Survey, 2026.

The findings show that 56.3 per cent reported reproductive or menstrual concerns. Adequate service information was reported by 60.8 per cent, while 68.2 per cent believed embarrassment or fear could delay care. Furthermore, 67.4 per cent preferred professional care for serious concerns, although 60.0 per cent acknowledged self treatment. Therefore, reproductive health challenges and mixed health seeking behaviours were accepted.

Research Question Three: What relationship exists between the reported early experience of piles, selected reproductive health challenges and perceived implications for maternal health among young women in Owerri Municipal?

Table 5: Respondents' Responses on the Perceived Relationship between Early Experience of Piles, Reproductive Health Challenges and Maternal Health (n = 352)

S/N	Questionnaire Items	SA	A	U	D	SD	Decision
11	Health problems experienced before pregnancy can influence a woman's wellbeing during pregnancy.	139 (39.5%)	118 (33.5%)	32 (9.1%)	37 (10.5%)	26 (7.4%)	Accepted
12	A young woman who delays seeking treatment for persistent health problems may face greater health challenges later.	132 (37.5%)	121 (34.4%)	29 (8.2%)	42 (11.9%)	28 (8.0%)	Accepted
13	Pregnancy may increase physical discomfort for women who	126 (35.8%)	119 (33.8%)	35 (9.9%)	43 (12.2%)	29 (8.2%)	Accepted

	already have untreated health concerns.						
14	Early health education and timely treatment can help young women prepare for healthier pregnancies in the future.	144 (40.9%)	122 (34.7%)	27 (7.7%)	35 (9.9%)	24 (6.8%)	Accepted
15	Young women should address persistent symptoms, including symptoms they believe may be related to piles, before pregnancy whenever possible.	137 (38.9%)	120 (34.1%)	30 (8.5%)	38 (10.8%)	27 (7.7%)	Accepted

Source: Field Survey, 2026.

The results reveal strong agreement regarding maternal health implications. Agreement ranged from 69.6 per cent for Item 13 to 75.6 per cent for Item 14, exceeding disagreement in every item. Only 17.3 to 20.4 per cent disagreed across the statements. Therefore, respondents perceived meaningful links between early health concerns, healthcare seeking and future maternal wellbeing.

TEST OF RESEARCH HYPOTHESES

The three null hypotheses were tested using the chi square test of association at the 0.05 level of significance. The decision rule was to reject the null hypothesis where the calculated probability value was less than 0.05 and retain the null hypothesis where the probability value was greater than 0.05. The analysis was based on the 352 valid questionnaires used throughout the study.

Table 6: Summary of Chi Square Tests of the Research Hypotheses at 0.05 Level of Significance

S/N	Null Hypothesis	χ^2 Calculated	df	Asymptotic Significance (2 sided)	Decision	Remark
1	There is no significant relationship between the reported early experience of piles and selected reproductive health challenges among young women in Owerri Municipal.	18.624	4	0.001	Reject H_{01}	Significant relationship exists

2	There is no significant relationship between awareness of piles and health seeking behaviour among young women in Owerri Municipal.	14.937	4	0.005	Reject H_{02}	Significant relationship exists
3	There is no significant relationship between the reported early experience of piles and perceived implications for maternal health among young women in Owerri Municipal.	21.486	4	0.000	Reject H_{03}	Significant relationship exists

Source: Field Survey Data, 2026.

The results indicate that all three null hypotheses were rejected because their probability values were below the 0.05 level of significance. For the first hypothesis, $\chi^2 = 18.624$ and $p = 0.001$, indicating a statistically significant relationship between reported early experience of piles and selected reproductive health challenges. The second hypothesis produced $\chi^2 = 14.937$ and $p = 0.005$, showing that awareness of piles was significantly associated with health seeking behaviour. Similarly, the third hypothesis produced the highest chi square value, $\chi^2 = 21.486$ with $p < 0.001$, indicating a significant relationship between reported early experience of piles and perceived implications for maternal health. Therefore, the findings suggest that these health experiences and perceptions are statistically associated within the study population. However, the cross sectional design does not establish that piles cause reproductive health challenges or adverse maternal outcomes. Rather, the results demonstrate significant associations among the measured variables.

DISCUSSION OF FINDINGS

The study found a significant relationship between the reported early experience of piles and selected reproductive health challenges, as well as between awareness of piles, health seeking behaviour and perceived implications for maternal health. These findings are significant because they suggest that young women's health concerns should be understood as interconnected experiences rather than isolated conditions. The findings support Envuladu (2016), Odo et al. (2020) and Olaleye et al. (2020), who similarly emphasised the influence of behavioural, social and contextual factors on young people's reproductive health experiences. The observed association between awareness and health seeking behaviour also aligns with Akuiyibo et al. (2021), whose study demonstrated the importance of health knowledge, although knowledge does not necessarily guarantee appropriate healthcare utilisation.

However, the present findings differ from studies that treated reproductive health concerns independently of anorectal or general health conditions. Consistent with Ariyo (2020) and Opara et al. (2024), the findings further suggest that symptom interpretation and healthcare choices may influence health outcomes. Nevertheless, the associations identified should not be interpreted as evidence that piles directly cause reproductive or maternal health problems.

CONCLUSION

This study examined the early onset of piles and selected reproductive health challenges among young women in Owerri Municipal, with particular attention to their implications for maternal health. The findings revealed that awareness of piles was relatively high among the respondents, although reported experience of symptoms and the utilisation of professional healthcare were comparatively lower. The study also established that a considerable proportion of the respondents had experienced reproductive or menstrual health concerns, while embarrassment, fear and preferences for self treatment could influence health seeking behaviour. Statistical analysis further revealed significant associations between the reported early experience of piles and selected reproductive health challenges, awareness of piles and health seeking behaviour, as well as reported early experience of piles and perceived implications for maternal health. These findings reinforce the broader argument that young women's health experiences are shaped by knowledge, perceptions, social circumstances and patterns of healthcare utilisation, as reflected in previous Nigerian studies (Envuladu, 2016; Odo et al., 2020; Akuiyibo et al., 2021; Opara et al., 2024). In essence, the study does not establish that piles directly cause reproductive disorders or adverse maternal outcomes. Rather, it highlights the importance of recognising persistent health concerns early, promoting appropriate health seeking behaviour and strengthening reproductive and preconception health education among young women. Thus, improved awareness and timely access to appropriate care may contribute to healthier reproductive experiences and better preparedness for future motherhood.

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