

The historical International Conference on Population and Development in Cairo in 1994 brought about a paradigm shift in population-related policies. This drew up an ambitious programme of action to make reproductive health services in developing countries more widely available, and since then, improvement of reproductive health, particularly among women, has become a major international priority. For assessment of reproductive health needs, no satisfactory alternative to the collection of data at the community level from representative samples has been developed. The World Health Organization estimates the incidence of reproductive tract infections and sexually transmitted infections between 153 and 328 million cases of curable STDs occur in developing countries as well as developed countries (Johansson, 1996) and in India is estimated at 5 percent. There are very few community based studies that have tried to fill this gap in knowledge of reproductive tract infection and other aspects of reproductive health. A search of literature reveals that knowledge about reproductive morbidity and its determinants in India is almost non-existent (Bhatia & Cleland, 1995). Therefore this paper has tried to see the magnitude of the problems of reproductive tract infection on the regional basis in rural India. A representative sample of 1,70,323 recently married women age 15-44 years were studied to determine the prevalence of self reported symptoms of reproductive tract infection and its association with socio-demographic characteristics and treatment seeking behavior.

The Rapid Household Survey (RHS) was conducted under the reproductive and Child Health in all the existing 504 districts as per Census, 1991, of India during 1998-99 by Government of India in behest of World Bank. In this survey, 52,98,17 households and 47,44,63 currently married women age 15-44 years were interviewed and 36,99,12 eligible women were of rural India. The main focus of the RHS were coverage of ANC & Immunization services, extent of safe deliveries, contraceptive prevalence rate & unmet need for family planning, awareness about RTI/STI and HIV/AIDS and utilization of health services and users' satisfaction. This study focuses on the 17,03,23 currently married women 15-44 years of age and who were currently sexually active or with a pregnancy in the 3 years prior to the survey, 46 percent of the total rural sample.

Reproductive tract symptoms assessed included: burning sensation, pain or difficulty while urinating, pain in lower abdomen or in vagina during intercourse and problem of vaginal discharge during the past three months to survey, nature of discharge, itching/ulcer, severe abdominal pain with discharge and fever with discharge, and treatment for the existing problems. To assess the prevalence of reported symptoms of reproductive tract infection bivariate and logistic analysis has been used.

In this study sample, only 38.9% were aware of reproductive tract infections. About 81% of women were between 20-34 years of age, age of effective marriage in less than 19 years of age were 81.2%, 62.9% women were non-literate, 37.6% were from low caste, 74% were Hindu and 12.6% were from Muslim religion. With respect to parity, 44.5% of women had two or fewer children, 31.7% had 3-4 children and 22.4% had 5 or more children. In terms of economic condition 52.7% had low economic status.

As result shows that overall prevalence of self-reported symptoms of reproductive tract infection was 30.3 percent in rural India. Prevalence varied by region, ranging from a high of 34.5 % in Central region to a low of 26.1% in the South region. Among the specific RTI symptoms, 14.1% were reported of burning sensation, pain or difficulty while urinating, 11.6% were pain in lower abdomen or in vagina during intercourse, 21.7% vaginal discharge, 15.4% bad odor with discharge, 7% itching/ulcer with discharge, 9% sever abdominal pain with and 5 percent were reported fever with discharge. Abnormal vaginal discharge was the most common symptom reported by women in all the region except North-East region. Bang et al. (1989) reported a similar finding that 95% women experiencing vaginal discharge among rural women in Maharashtra , India. For any symptoms of RTIs, were reported more in the middle age group of the reproductive span, 31% each in the 25-29 and 30-34 years. The prevalence of RTIs tended to increase with woman's parity and marital duration. Among the small percentage of women whose last pregnancy ended in still birth, miscarriage or induced abortion (4.2% of the study sample), more than two-fifth (44.4%) reported any RTI symptoms, as compared with 29.7% among women whose pregnancy ended in live birth. The reported levels of all specific symptoms were consistently and significantly higher for women experiencing a pregnancy loss than their counterpart.

To assess the independent effects of various background characteristic on the probability of a woman reporting an RTI symptoms, logistic regression were conducted. For logistic regression, any or each symptoms of RTI was specified as the dependent variable and nine out of the ten variables were assessed for their productive role. One variable that is marital duration has dropped since its show high correlation with age and children ever born. As result shows, women whose age of effective marriage is ≥ 15 are 1.3 times and 16-19 years are 1.1 times more likely to report any symptoms of RTI and for vaginal discharge it is 1.4 and 1.3 times more respectively. Women with low parity are less likely to report any symptoms of RTI and vaginal discharge. The odd ratio for any symptoms of RTI is .796 (95%CI=. 715,. 866) for a women with 0 children and this increase to 0.82 (95%CI=.852,.909) for women with 1-2 children (95%CI=.788,.851) and this increase to 0.88 ((95%CI=.852,.909) for women

with 3-4 children ever born. Most influential on RTI symptoms reporting is whether the last pregnancy ended in a loss. The odd ratios are 96% high for a woman experiencing a pregnancy loss than one whose pregnancy ended in live birth (95%CI=1.857,2.083) for any symptoms of RTI and for vaginal discharge odd ratios or 86% high (95%CI=1.717,2.019). By religion, Muslim women were 1.1 times more and other women were less likely to report as compare to Hindu woman. Women in North and Central rural region were 1.38 times each, and 1.2, 1.18 and 1.17 times from East, West and North-East rural region respectively were more likely to report any symptoms of RTI as women in South rural region. On the other hand, age of the women, caste, education and economic status of the women, in the model, were a salient predictor of any RTI symptoms.

This is observed from the study that among women who reported any RTIs problem, more than two-third had not sought the treatment. Other several study has similar findings, In south India, only half of the women who reported experiencing a gynecological problem sought treatment (Bhaita & Cleland, 1995) and only 8% of women sought treatment for their problem despite a high prevalence of symptoms (Bang. et. al., 1989). Result shows that, only 6.4% women had consulted to Government doctor, 15.5% consulted to private doctor, 1.5% an auxiliary nurse-midwife (ANM), less than one percent to dai and 1.1% to traditional birth attendant. About 1.3% sought treatment through Chemist/Medical Shop, 1.6% were consulted to their relative or friends and about 4% of the women were self medicated. The percentage of women who sought treatment for their problem is high of 38.2% in the South region compared a low of 24.8% in North region. There is not much differences were found to seek treatment by age of the women, however, the proportion of women is more in the age group 25-29, effective age of marriage is 20 years and above and have no child as compare to their counterpart. The likelihood of a sought treatment increases with an increase in number of schooling and their economic status. 27.8% of the women from non-literate group had sought treatment while 35.5% from schooling 0-9 years and 45.2% from 10 years and above had sought treatment for reproductive tract infections. Overall the result shows that a majority of the women bear the problems silently without seeking treatment or advice. Given the silence that surrounding reproductive health problems, this consistency high self reported prevalence suggests that reproductive tract infections are widespread among all the part of Rural India. Moreover, women who seek advice or treatment, a low proportion of sought treatment for reproductive tract infection, do not usually go to Government health professionals. These finding highlight the need to educate the women regarding the symptoms and consequence of reproductive health problems and the urgent need to expand counseling and reproductive health services in rural areas, particularly through the government or public sector.