

REPRODUCTIVE HEALTH PROBLEMS among URBAN WOMEN:

A STUDY of FOUR METRO CITIES in INDIA

Introduction

Reproductive health problems are an important public health issue in most of the developing countries. The International Conference of Population and Development held at Cairo in Sept 1994 stressed the importance of women's health, particularly of reproductive problems. Reproductive health is defined as "a state of complete physical, mental and social well-being and not merely absence of disease or infirmity, in all matters relating to reproductive system and to its function and processes"¹. Several studies conducted in India have documented a high prevalence of self-reported reproductive health problems such as abnormal vaginal discharge, lower abdominal pain, irregular vaginal bleeding, lower abdominal pain, irregular vaginal discharge etc. among women of reproductive age^{2,3,4}. Most of these problems can be easily cured if they are detected early and given proper treatment. Previous studies suggest that the majority of symptomatic women do not seek formal treatment^{5,6} or they seek treatment only when their symptoms increase in severity^{3,7,8}. Untreated reproductive health problems can cause pregnancy related complications, congenital infections, infertility and chronic pain. Such infections also significantly increase the risk of acquiring pelvic inflammatory disease (PID) and the likelihood of infection with HIV^{9,10,11}. Beyond adverse health consequences women may also face serious social consequences in terms of marital disharmony and exclusion from social or religious life¹².

A study conducted by the Indian Statistical Institute, Kolkata clearly pointed out that women in metro cities are also at higher risk of reproductive health problems and there is a need to investigate these issues in detail¹³. In this paper an attempt has been made to study the prevalence of reproductive health problems and treatment-seeking behaviour among currently married women of four metro cities namely, Delhi, Chennai,

Kolkata and Mumbai in India. This paper also examines the net effect of various factors on reproductive health problems.

MATERIALS AND METHOD

For the present study, data for four metro cities have been extracted from the National Family Health Survey-2 (1998-99). The NFHS-2 collected information from ever married women on the basis of self-reported symptoms of reproductive health problems occurring in the three months prior to the survey such as vaginal discharge accompanied by itching, fever, bad odour and irritation around vaginal area, severe lower abdominal pain not related to menstruation and pain or burning while urinating or frequent or difficult urination. Currently married women were also asked whether they often experience pain during sexual intercourse or had ever experienced bleeding after coitus. All the women who reported at least one symptom were asked a follow-up question whether they sought formal treatment for the symptoms. The total interviewed currently married women of age 15-49 years from Delhi, Chennai, Kolkata, and Mumbai are 2183, 870, 913 and 1876 respectively.

Thus, the analysis in this paper is based on self-reported reproductive health problems rather than those clinically diagnosed. In this paper reproductive health problems have been considered as problems related to any abnormal vaginal discharge (discharge accompanied by itching or irritation, bad odour, abdominal pain, fever and other problem), urinary tract infection, pain during intercourse and bleeding after intercourse.

Reporting of at least one symptom of reproductive health problems is considered as dependent variable. The dependent variable is dichotomized as the presence or absence of the condition. Available literature suggests that prevalence of reproductive health problems and treatment-seeking behaviour could possibly be influenced by a number of socioeconomic factors such as education, income and rural-urban residence as well as by

demographic factors such as age, parity, pregnancy wastage, and contraceptive use^{2,3,14}. Taking these issues into account, the considered socio-economic and demographic variables are as follows: place of residence (Mumbai, Delhi, Chennai, Kolkata), age of the woman (<=19 years, 20-24 years, 25 years and above), age at first cohabitation (<=19 years, 20-24 years, 25 years and above), parity of women (0, 1, 2-3, 4 and above) religion (Hindu, Muslims and Others), caste (SC/ST, OBC and others), standard of living (low, medium, high), educational status of woman (illiterate, middle school completed, high school & above), experience of pregnancy wastage (no, yes), autonomy (low, medium, high) and current use of contraceptive methods (no, yes). In order to assess the net effect of each variable on the likelihood of reporting symptoms of reproductive health problems, a multivariate logistic regression analysis has been done.

RESULTS AND DISCUSSION

In all four metro cities, the prevalence of any one symptom of reproductive health problem among currently married women is 40 percent. It is slightly higher than at the national level (39.2 percent). It is reported that the self reported symptoms of any reproductive health problems among currently married women ranges from 29 percent (Kolkata) to 54 percent (Mumbai). In Delhi and Chennai, it is 36 percent and 30 percent respectively (Table 1).

TABLE 1
PERCENTAGE OF CURRENTLY MARRIED WOMEN REPORTING REPRODUCTIVE HEALTH PROBLEMS IN FOUR METRO CITIES OF INDIA

Reproductive Health Problems	Mumbai	Delhi	Chennai	Kolkata
Any reproductive health problems	54.4	36.4	30.0	28.6
At least two reproductive health problems	22.7	16.7	14.4	11.5
Any abnormal vaginal discharge	46.4	29.9	22.4	20.2

Vaginal discharge accompanied by	Itching or Irritation	22.3	14.9	11.4	9.9
	Bad odour	6.6	10.9	3.6	5.3
	Abdominal pain	25.8	19.3	17.5	13.3
	Fever	9.0	8.1	1.8	1.3
	Other problem	29.7	2.8	2.2	3.1
Symptoms of a urinary tract infection		22.4	14.1	10.2	11.5
Pain during intercourse		8.5	9.4	10.6	6.9
Bleeding after intercourse		1.2	1.2	0.3	1.5

It is clearly illustrated in table 1 that in all four metro cities abnormal vaginal discharge is higher and bleeding after intercourse is lowest among four types of reproductive health problems. It has been further reported that vaginal discharge accompanied by lower abdominal pain is higher than any other problem except in Mumbai where abnormal vaginal discharge accompanied by other problems is reportedly high.

It is evident from table 2 that among those who reported any one symptom of reproductive health problems, about half (51 percent) the women had not received any treatment or advice. Table 2 presents the proportion of symptomatic women who sought treatment according to the type of providers they consulted. A higher proportion of women sought treatment from the private medical sector than the public medical sector in the four metros. Results show that in Chennai and Kolkata more than 50 percent of women do not seek any treatment for their reproductive health problems, whereas in Delhi and Mumbai the proportions are 49 and 42 percent, respectively.

TABLE 2

PERCENTAGE OF CURRENTLY MARRIED WOMEN WHO SOUGHT TREATMENT FROM DIFFERENT SOURCES FOR ANY REPRODUCTIVE HEALTH PROBLEMS IN FOUR METRO CITIES OF INDIA

Source of treatment for reproductive health problems	Percentage of those who sought treatment			
	Mumbai	Delhi	Chennai	Kolkata
Public medical sector	18.9 (112)	28.3 (115)	29.9 (35)	3.1 (8)
Private medical sector	81.7 (483)	74.6 (303)	70.1 (82)	91.2 (73)
Others	1.4 (8)	0.9 (4)	-	-
Sought treatment from anyone source	57.9 (591)	51.1 (406)	44.8(117)	30.7 (80)
Did not seek any treatment	42.1(430)	48.9(389)	55.2(144)	69.3(181)
Total women reported any reproductive health problem	1021	795	261	261

Tables 3 and 4 show the self-reported symptoms of reproductive health problems among currently married women and their treatment seeking behavior by socio-economic and background characteristics. It is clearly illustrated in the table that younger women (below 19 years) have reported more reproductive health problems in all four metro cities. In Delhi, Chennai and Mumbai treatment for reproductive health problem is marginally higher in the above 25 years age group, whereas in Kolkata this percentage is higher in the below 19 years age group. The prevalence of any one symptom of reproductive health is higher among women who experienced first cohabitation at an early age (below 19 years) in Mumbai (58 percent), Delhi (42 percent) whereas Kolkata (30 percent) and Chennai (29 percent) show somewhat similar picture. Treatment seeking behaviour among women who experienced their first cohabitation at an early age (below 19 years) is marginally better in Mumbai (59 percent). It is noted in Delhi that more women who had first cohabitation at 20-24 years age group are going to seek treatment.

On the contrary, in Chennai and Kolkata, treatment seeking behaviour among women who had first cohabitation at higher ages (above 25 years) is not so good.

The prevalence of reproductive health problems is noticeably higher among those women who had four or more children in Mumbai and Delhi. On the contrary, in Chennai and Kolkata the prevalence rate is higher among women who had not given birth. In Mumbai, Chennai and Kolkata the prevalence rate for seeking treatment is higher among women who have not given birth, whereas there is no notable difference in treatment seeking behaviour in Delhi. It has also been noticed in Kolkata and Delhi that the tendency to seek treatment is lowest among women who had four or more children. In Mumbai, Delhi and Chennai reproductive health problems are higher among non-Hindus except in Kolkata. The tendency to seek treatment is higher among non-Hindu women in Mumbai (65 percent) and Delhi (23 percent) whereas in Chennai (45 percent) this percentage is higher among Hindus. On the contrary, there is no reported difference between Hindu and non-Hindu women in their treatment seeking behaviour for reproductive health problems. It is seen by caste, that the women who belong to SC/ST were reporting more reproductive health problems in the four metros. Despite this, the tendency to seek treatment is higher among other caste women in all four metros.

The women of high economic status reported less prevalence of reproductive health problems in Mumbai (46 percent), Delhi (32 percent), Chennai (23 percent) and Kolkata (25 percent). On the other hand, the tendency to seek treatment is positively associated with the economic status of women. More educated women reported less of any reproductive health problems in all the metros. The percentage of treatment seeking for reproductive health problems is markedly higher among literate women in all four metros. It is found that the prevalence of reproductive health problems is substantially higher among women who had experienced pregnancy wastage in Delhi (41 percent), Chennai (46 percent) and Kolkata (61 percent). In Mumbai prevalence rate does not

differ by pregnancy wastage. Treatment seeking behaviour is also better among women who had experienced pregnancy wastage in all the four metros. It was found that in Mumbai and Kolkata autonomy is playing considerable role where the prevalence of reproductive health problems is negatively associated with autonomy. Similarly, in Chennai (32 percent) women of low autonomy are reporting relatively higher prevalence of reproductive health problems, but with the women of medium and high autonomy there is slight difference in the prevalence rate. In Delhi there is no notable difference in prevalence rate by autonomy. The percentage of seeking treatment for reproductive health problems is higher among women of high autonomy in Delhi (57 percent) and Kolkata (36 percent) and a contrasting effect is found in Mumbai (63 percent) and Chennai (55 percent). Contraceptive users do report a marginally higher prevalence of any one symptom than non-users in Delhi (37 percent), Chennai (30 percent) and Kolkata (31 percent). It is interesting to note that in Mumbai non-users are reporting higher prevalence of reproductive health problems. The tendency to seek treatment is moderately higher among non-users in Chennai (50 percent) and Kolkata (37 percent) whereas in Delhi (55 percent) it is higher among users. Treatment seeking behaviour does not appear to vary by contraceptives use in Mumbai.

TABLE 3

PREVALENCE OF ANY REPRODUCTIVE HEALTH PROBLEMS AMONG CURRENTLY MARRIED WOMEN BY SELECTED CHARACTERISTICS OF FOUR METRO CITIES IN INDIA

Variables	Any Reproductive Health Problem			
	Mumbai	Delhi	Chennai	Kolkata
Age				
<=19 years	67.9 (84)	50.0 (52)	48.3 (29)	41.9 (31)
20-24 years	57.3 (323)	38.9 (339)	32.0 (147)	36.6 (161)
>=25 years	53.0 (1469)	35.5 (1792)	28.8 (694)	26.2 (721)
Age at first cohabitation				
<=19 years	58.3(1164)	42.1(1246)	29.4(537)	29.9(568)
20-24 years	49.5(535)	29.9(803)	32.0(278)	29.2(243)
>=25 years	42.7(157)	22.4(134)	25.5(55)	19.6(102)
Parity				
0	57.3 (225)	35.6(177)	33.0(100)	43.1(109)
1	55.0 (331)	32.2(332)	25.7(179)	26.9(264)
2-3	51.3 (947)	35.3(1070)	30.9(492)	28.1(381)
4 and above	60.1 (373)	40.9(604)	30.3(99)	22.6(159)
Religion				
Hindu	52.0(1239)	36.4(1850)	29.3(730)	29.5(808)
Non-Hindu	59.2(637)	36.6(333)	33.6(140)	21.9(105)
Caste				
SC/ST	59.4(224)	46.2(437)	34.4(180)	29.8(131)
OBC	56.7(233)	39.7(277)	29.3(611)	17.6(17)
Others	53.3(1415)	32.9(1466)	25.3(76)	28.6(763)
Economic status				
Low	55.9(213)	43.5(131)	33.6(152)	35.7(98)
Middle	61.1(902)	46.6(588)	33.2(446)	29.7(501)
High	46.1(761)	31.7(1464)	22.8(272)	24.5(314)
Educational status				
Illiterate	64.2(441)	41.2(595)	29.5(251)	28.6(224)
Middle School Completed	57.7(787)	43.4(569)	32.4(330)	31.1(376)
High School & above	43.8(648)	29.7(1019)	27.7(289)	25.6(313)
Pregnancy wastage				
No	54.4(1852)	36.4(2156)	29.6(846)	28.1(900)
Yes	54.2(24)	40.7(27)	45.8(24)	61.5(13)
Autonomy				
Low	66.1(657)	36.3(964)	34.0(197)	31.9(492)
Medium	50.7(831)	37.0(902)	28.3(399)	25.6(285)
High	42.6(387)	35.2(298)	29.7(273)	23.3(133)
Contraceptive use				
Not using	56.5(813)	34.9(788)	29.9(308)	22.2(230)
Using	52.9(1063)	37.3(1395)	30.1(562)	30.7(683)
All women	1876	2183	870	913

TABLE 4

PREVALENCE OF TREATMENT SEEKING BEHAVIOUR AMONG THOSE WOMEN WHO REPORTED ANY ONE REPRODUCTIVE HEALTH PROBLEMS BY SELECTED CHARACTERISTICS OF FOUR METRO CITIES IN INDIA

Variables	Sought treatment			
	Mumbai	Delhi	Chennai	Kolkata
Age				
<=19 years	49.1 (57)	42.3(11)	35.7 (14)	38.5 (13)
20-24 years	57.3 (185)	43.2(58)	34.0 (47)	27.1 (59)
>=25 years	58.2 (779)	52.4(337)	48.0 (200)	31.2 (189)
Age at first cohabitation				
<=19 years	58.5 (679)	47.6 (250)	44.9 (158)	31.2 (170)
20-24 years	57.8 (275)	58.8 (141)	44.9 (89)	31.0 (71)
>=25 years	52.2 (67)	50.0 (15)	42.9 (14)	25.0 (20)
Parity				
0	62.8 (129)	49.2(31)	54.5 (33)	38.3 (47)
1	51.6 (182)	50.5(54)	39.1 (46)	32.4 (71)
2-3	58.4 (486)	54.2(205)	42.8 (152)	31.8 (107)
4 and above	58.9 (224)	47.0(116)	53.3 (30)	13.9 (36)
Religion				
Hindu	53.9 (644)	50.1 (341)	45.3 (214)	30.7 (238)
Non-Hindu	64.7 (377)	53.3 (65)	42.6 (47)	30.4 (23)
Caste				
SC/ST	57.1 (133)	50.0(101)	37.1(62)	17.9(39)
OBC	53.0 (132)	48.2(53)	46.4(179)	- (3)
Others	58.9 (754)	52.3(252)	52.6(19)	33.3(217)
Economic status				
Low	55.5 (119)	35.1(20)	33.3(51)	17.1(35)
Middle	55.0 (551)	49.3(135)	43.2(148)	30.2(149)
High	63.2 (351)	54.1(251)	58.1(62)	37.7(77)
Educational status				
Illiterate	49.1 (283)	45.3 (111)	40.5(74)	25.0(64)
Middle school completed	62.1 (454)	47.8 (118)	45.8(107)	30.8(117)
High school & above	59.9 (284)	58.4 (177)	47.5(80)	35.0(80)
Pregnancy wastage				
No	57.8 (1008)	51.0 (400)	44.8 (250)	30.0 (253)
Yes	61.5 (13)	54.5 (6)	45.5 (11)	50.0 (9)
Autonomy				
Low	63.4 (434)	47.1 (165)	55.2 (67)	31.2 (157)
Medium	54.9 (421)	53.0 (177)	40.7 (113)	27.4 (73)
High	50.9 (165)	57.1 (64)	42.0 (81)	35.5 (31)
Contraceptive use				
Using	58.0 (562)	54.8 (285)	42.0 (169)	29.0 (210)
Not using	57.7 (459)	44.0 (121)	50.0 (92)	37.3 (51)
All women	1021	795	261	261

The results of the logistic regression for the reporting of any one symptom of reproductive health problems are shown in table 5. The results were considered at 5 percent level of significance. Table 5 clearly reveals that reporting of any reproductive health problems was significantly more prevalent among women who are residing in

Mumbai. Further, women from Delhi, Chennai, and Kolkata reported 28, 34, and 68 percent significantly less symptoms of any reproductive health problems respectively than those women who belong to Mumbai. This can be attributed to the fact that better health facilities are available in Mumbai. It also reflects that more number of woman (58 percent) visit health centres for treatment for reproductive health problems. Therefore, the reporting of any reproductive health symptoms may be varied because of availability of better health facilities. Age is positively correlated with reporting of reproductive health problems. The chance of reporting reproductive health problems are significantly higher among women aged 25 years and above compared to their counterparts in the 15-19 years age group. But as age at first cohabitation increases, reproductive health problems have declined. Women who first cohabitated at age more than 24 years had around 51 percent significantly less chance of any reproductive health problems. Parity was significantly negatively associated with reporting of any reproductive health problems. In contrast, caste of the woman, whether she had ever experienced pregnancy wastage and use of contraceptives were not significantly associated with any reproductive health problems. But, the result still shows that use of contraceptives had a negative impact on woman's health. Woman's education was significantly associated with reporting reproductive health problems, the more years of schooling and the higher the odds of reporting reproductive health problems. Women who were educated up to middle school have reported significantly thirty percent more reproductive health problems compared to illiterate women. A similar picture has emerged with the economic status of household. In the religion categories, Hindu women are significantly more likely to report any one symptom of reproductive health problems compared to non-Hindu women.

Table 5

LOGISTIC REGRESSION RESULTS OF REPORTING OF ANY REPRODUCTIVE HEALTH PROBLEMS BY SELECTED CHARACTERISTIC IN FOUR METRO CITIES OF INDIA

Variables	Any Reproductive Health Problem	
	Exp (B)	Sig.
Place of residence		
Mumbai®		
Delhi	0.72	0.01
Chennai	0.66	0.01
Calcutta	0.32	0.00
Age		
<=19 years®		
20-24 years	1.40	0.15
25 years and above	2.15	0.01
Age at first cohabitation		
<=19 years®		
20-24 years	0.90	0.32
25 years and above	0.49	0.01
Parity		
0®		
1	0.59	0.01
2-3	0.59	0.01
4 and above	0.43	0.00
Religion		
Hindu®		
Non-Hindu	0.72	0.01
Caste		
SC/ST®		
OBC	0.94	0.66
Others	0.99	0.92
Economic status		
Low®		
Middle	1.24	0.14
High	1.41	0.04
Educational status		
Illiterate®		
Middle school completed	1.31	0.01
High school & above	1.43	0.01
Pregnancy wastage		
No®		
Yes	1.01	0.98
Autonomy		
Low®		
Medium	0.83	0.05
High	0.81	0.11
Contraceptive use		
Not using®		
Using	1.05	0.66

CONCLUSION

Even though the metros are demographically developed, the prevalence of self-reported any one symptom of reproductive health problems is quite high among the currently married women aged 15-49 years in all four metros. The prevalence of reproductive health problems is significantly high in Mumbai compared to the other metros included in the study. In spite of a high prevalence of reproductive health problems a large proportion of such women in all these cities do not seek any advice or treatment. This is indeed sad because the metros are known to have a relatively higher level of socio-economic development in India. The tendency to seek treatment for reproductive health problems is quite low in Kolkata. Among those who sought treatment the private medical sector is more common than the public medical sector. A number of socio-economic and demographic variables influence the prevalence rates as well as treatment seeking behaviour. Among all independent variables woman's individual determinants such as age, education and parity are playing an important role in influencing the prevalence rates as well as treatment seeking behaviour. This study shows the need for strengthening programmes aimed at improvement in woman's health in India and would provide valuable information for social scientists, policy makers, and health professionals who are concerned with improving the quality of life of women in India.

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