



## REVIEW ARTICLE ON KNOWLEDGE ABOUT REPRODUCTIVE MORBIDITY AMONG WOMEN

### KEYWORDS

reproductive morbidity,women,knowledge

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### ABSTRACT

Prevention,detection and management of reproductive tract infections(RTIs)and sexually transmitted infections(STIs)has been overlooked in India despite the fact that many Indian women suffer from RTIs/STIs.Indian married woman are reluctant to seek medical advice because of lack of privacy,lack of female doctor at the health facility the cost of treatment and their subordinates social status. Reproductive ill health accounts for 33% of the total burden of disease in women, whereas it is 12.3% for men.Although there are several hospitals based studies concerning maternal health,the number of community based studies is limited. Many women who suffered from reproductive organ disorders had not sought appropriate care and women'shealth seeking behavior is been influenced by many factors.In India,women with self-reported symptoms of reproductive morbidity do not seek treatment due to existing taboos regarding sexual and reproductive health . They hesitate to discuss their reproductive health problems especially,due to shame and embarrassment.The aim of this study was to review the literature on knowledge about reproductive morbidity among women.

### INTRODUCTION

Prevention,detection and management of reproductive tract infections(RTIs)and sexually transmitted infections(STIs)has been overlooked in India despite the fact that many Indian women suffer from RTIs/STIs(1,2,3).Approximately26-77%of woman clinically observed to be suffering from one or more gynecological morbidities (5).Indian married woman are reluctant to seek medical advice because of lack of privacy,lack of female doctor at the health facility the cost of treatment and their subordinates social status(6).Reproductive ill health accounts for 33%of the total burden of disease in women, whereas it is 12.3% for men.Globally STIs constitute a huge health and economic burden,especially for developing countries accounting for 17 % of economic losses caused by ill-health(8).Although there are several hospitals based studies concerning maternal health, the number of community based studies is limited(10-15).Many women who suffered from reproductive organ disorders had not sought appropriate care and women'shealth seeking behavior is been influenced by many factors(16-18).In India,women with self-reported symptoms of reproductive morbidity do not seek treatment due to existing taboos regarding sexual and reproductive health.They hesitate to discuss their reproductive health problems especially, due to shame and embarrassment(19,20).

### OBJECTIVE

The focus of this study was to assess the knowledge about reproductive morbidity among women in various studies by reviewing the literature on various studies.

### DISCUSSION

Data for a study(4)was drawn from Rapid Household Survey(RHS)under Reproductive and Child Health(RCH)Project phase-2conducted during 1998-1999. In Punjab, the data was collected from 8,709 households in phase-2.The knowledge and awareness about RTIs/STIs,their modes of transmission and curability status is inadequate.This is further supplemented by the fact that most of the women with such problems did not seek treatment.This clearly indicates that women in the study population had a poor understanding of these infections as well as the potential dangers. Specifically,the prevalence of reproductive health problems among women was estimated from women self-reported experience with each of the following problems:burning sensation or pain while urinating or difficult urination;vaginal discharge (accompanied by itching or ulcers around the vaginal area,by bad odour,by severe lower abdominal pain,by fever,or by any other problem);and painful intercourse.Women who had experienced one or more of these reproductive health problems were considered either having or at risk of contracting an RTI/STI.

An exploratory study(7)was conducted in the Jamalpur Awana the rural health centres of CMC & Hospital,Ludhiana. The most frequent morbidities reported by woman was excessive vaginal discharge (24.5%) followed by frequent micturition(9%)and mall protruding out through the vaginal wall (8%).Allopathic treatment was found to be highly opted for 31.5% followed by ayurvedic(10%).Very few took home remedies(7%),homeopathic(3%)and faith healers(2%).

A study was conducted among 461 women in Tamil Nadu(9)to assess the knowledge,attitude and practice of Reproductive Tract Infections . 83.8% of the study subjects had correct knowledge of disease symptoms of RTIs.Their responses were white discharge (69.0%),low backache(8.9%),burning urination(4.6%)and coital pain(1.3%).The commonest symptom of RTIs,as known by the study subjects was vaginal discharge(69.0%).Regarding modes of transmission of RTI in this study 39.7% of study subjects reported poor personal hygiene and 25.8% opined sexual contact.Dirty toilets as one of way was replied by 18.4% of the women.77% of the women sought treatment for RTI in the past 6months.It was observed that 19.8 %of women stated financial constraints as a reason for not seeking treatment for RTIs.Health institution being too far and non availability of female medical officer were pointed out by 5.6% and 6.6% of women respectively.3.8% of women complained of 'no privacy'.64.2% of women gave other reasons like "treatment was not necessary","disease is not that serious to seek medical treatment.58.4%of the women said that they would stop sexual activity till they are cured of RTI .28.5% of them said that they would use condoms.A small proportion(13.1%)of the women said that they would continue maintaining normal sexual relations even if they were suffering from RTI symptoms.

A study conducted in southern Indian state of Tamil Nadu on young married women aged 16-22 years in a rural community reported a very high level of morbidity.The study showed that more than half of the women were suffering from at least one or more RTIs(21).

Another study(22) uses data from third round of the India District Level Household Survey (DLHS)(23),which provides district level information about reproductive and health care of women aged 15-49years.Only one-fourth of the adolescent married women of are aware about any mode of transmission considered in the study and this is little higher among the older women.Due to low education and low age at marriage adolescent women are mostly not accustomed to RTIs.The treatment seeking for any RTI/STI infections is found to be low in this study.Three-fifths of women discuss RTIs with their husbands/partner but only a little more than one-fourth of them prefers going to seek treatment.

### CONCLUSION

Reproductive morbidities can be diagnosed by means of clinical and laboratory investigations. There is need to educate women on different symptoms of reproductive infection and need for treatment so that women can themselves identify the symptoms and seek timely treatment. Education should be given to the adolescent girls regarding menstrual hygiene and RTI. For this the schools can play an active role. There should be separate toilets for girls in schools. Health education sessions in antenatal and postnatal clinics should include proper promotion of personal and menstrual hygiene. Awareness about RTI, symptoms, free treatment and free sanitary pads can be generated through mass media communications like radio, T.V., newspaper, etc. Women rarely use the government health centers than private ones. This underutilization has been described in many other studies. [24-26]

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