Research Paper Healthcare

Women's Reproductive Health Status in Hyderabad Slums: Institutional Based Cross Sectional Study

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ABSTRACT

Introduction
Women in the Reproductive age group are more vulnerable group in terms of health care in developing countries. In India, women are suffering with some kind of reproductive health problem and it is more alarming in slums particularly with RTI problems.
Objectives
1. To understand the perceptions and knowledge about various STI's among women living in slums.
2. To study the type of treatment preferred and undergone by slum women with regard to sexually related problems.
3. To study the knowledge and use of contraceptives by women.
Methodology
Institutional based cross-sectional study
Results
Lack of awareness particularly on emergency contraception, non practice of safe sex, unhygienic living conditions, pain during sexual intercourse, fungal infections, white discharge with foul smell are the major problems.
Conclusion
Since there is poor knowledge on the practice of safe sex, emergency contraception, more targeted interventions along with general awareness strategies are needed.

KEYWORDS Safe Sex, Emergency contraception, Targeted Interventions

Introduction

Reproductive and child health (RCH) is being given top priority after the International conference on Population and Development held at Cairo during 1994. The rationale for this priority is, Women in the Reproductive age group constitute about 26 percent in the world population and they are most vulnerable group in terms of health care. There after the research is focused more on RCH especially in developing countries. RCH is gaining importance in India since the Maternal Mortality is still high and about one third of women are suffering with some kind of reproductive health problem. This problem is much more alarming among slum dwellers because of larger family size, shorter birth intervals, poverty, and ignorance. Slums are also generally considered to be the prime centers for sex workers, contributing to the spread of STI. Protected sex also seems to be low due to lack of Knowledge and motivation. It is very appropriate to study the status of reproductive health, identifying the different STI's and examining the perceptions of women in slum areas towards sexually related problems. The important aspect of providing treatment for RTI's is the development of appropriate case management guidelines. Hence, the present study is focused on Institutional based approach.

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Methodology

The study was conducted in the selected four slums in Hyderabad city. The slums include Addagutta, Film Nagar, Amberpet, and Sanjeev Nagar. According to the 2004 national population and housing census, the total population of Hyderabad city in 2004 was projected to be 1.02 crores of which the projected adolescent population was estimated to be 19.4%. The population is composed of Hindus, Muslims and Christians with diversified ethnic groups. Hyderabad slums are the predominant ethnicity in the town. The study period was from September 2012 to February 2013.

Institutional based cross-sectional study with stratified random sampling conducted to assess the level of awareness, attitude towards reproductive health, utilization patterns of RCH products, services and health care systems utilization and accessibility. One Hospital is selected in each slum with laboratory and other facilities for investigations. Depending up on signs and symptoms and investigation results, the respondents who are willing are selected for interview. Statistically calculated sample size of 50 is found in Hyderabad and four slums were included in this study. Samples were allocated proportional to the size of each slum. A questionnaire was prepared for interviewing the clients, and in depth interview was conducted with all 50 women by seeking cooperation from the lady doctor and Nurse. Laboratory investigations are conducted by the hospital staff to diagnose the problem based on signs and symptoms

Findings

Prevalence of RTI/STI:

The prominent STI problems identified in the study are heavy white discharge (26%) followed by blood stained/greenish yellow white discharge (22%) and vaginal itching (14%)

Table-1: prevalence of RTI/STI

Problems	Number	Percentage
Vaginal itching	7	14
Heavy white discharge	13	26
Blood stained/greenish yellow white discharge	11	22
Foul smelling discharge	6	12
Vaginal ulcer	2	4
Pain during/after intercourse	5	10
Bleeding after intercourse	1	2

Lower abdominal pain	3	6
Fungal infection/patches in the vagina	2	4
Total	50	100.00

The problems identified are foul smelling discharge (12%), Pain during/after intercourse (10%) and vaginal ulcer (4%) and fungal infection/patches in the vagina (4%) and lower abdominal pain (6%).

The heavy white discharge, yellow discharge and foul smelling discharge are the most common STI problems identified in the study area. Unhygienic living conditions and non practice of safe sex among the women in slum areas are the probable reasons for it.

Perceptions about RTI/STI

Here, the study focused to understand the perceptions and knowledge of women about the STI/RTI in relation to socio-economic and demographic background of the study respondents.

Table-2 Socio, demographic, economic and reproductive characteristics of STI women

Reasons to visit Hospital	Number	Percentage
a. Gynecological problem	12	24
b. Fever	20	40
c. Pain during urination	11	22
d. General weakness	7	14

Perception about the Disease

a. Responded correctly (Reasons to visit Hospital)	13	26
b. To some extent correctly	22	44
c. No knowledge about the disease	15	30

Reason for getting STI

a. Unhygienic sexual practice	14	28
b. Due to hard work	10	20
c. Due to extra marital sex	24	48
d. Don't know	2	4

Opinion on trend of RTI problem

a. Increasing	26	52
b. Not increasing	18	36
c. Don't know	6	12

Measures to Prevent STI/RTI

a. Safe sex	15	30
b. avoid extra marital sex	26	52
c. Maintain hygienic practice	7	14
d. Don't know	2	4

Knowledge about safe sex

a. Good	13	26
b. Moderate	18	36
C. Poor	19	38

Education

a. Illiterate	19	38
b. Primary	13	26
c. Secondary	23	46
d. College	L3	6

Occupation

a. Laborers	23	46
b. Petty traders	13	26
c. House wife	10	20
d. Others	4	8

Age at Marriage

a. Less than 16	18	36
b. 16-18	21	42
c. 18+	11	22

Number of children

a. 1 child	9	18
b. 2 Children	24	48
c. 3 and above children	17	34

Even though, all the respondents are STI affected patients, when they were asked about the reasons to visit hospital, majority of them mentioned fever. This shows that, though they are STI affected, they are unable to report the problem. Regarding the reporting of the disease, nearly half of them (44%) mentioned partially correct, and a bulk of them (30%) does not have knowledge about the disease and only 26% reported the diseases correctly.

Nearly half of the respondents (48%) feel that extra marital sex is the main reason for getting STI followed by unhygienic sexual practice (28%). About 20% thought that hard work is the reason for getting STI, which reflects on their poor knowledge. Most of the women report that the problems of RTI/STI is increasing trend and majority of them (52%) have suggested "avoid of extra-marital sex" is the best way to prevent STI. Another 30% percent of women felt that the practice of safe sex is an important in prevention of STI. However, majority of them are having poor knowledge on practice of safe sex. This is due to their poor educational status. Nearly half (46%) of the respondents are educated up to secondary level and 48% are either illiterate or educated up to primary level only.

Most of the women (48%) are daily wage laborers and 26% are pretty traders. With regard to their age at marriage, nearly three fourths of them have got married at the age of 18 or below. In general, the respondents are having poor knowledge on STI/RTI and practice of safe sex, because of their illiteracy and lower income and occupational levels.

Contraceptive behavior

The study also focused on understanding the knowledge and practice of contraceptive methods.

Table-3 Contraceptive Behavior

Knowledge	Number	Percent
a. Sterilization	50	100%
b. Temporary methods		
i. Condom	41	82
ii. Pills	24	48
iii. IUD	22	44
iv. Emergency Contraceptives	2	4

Adoption		
a. Sterilization	24	48
b. Sterilization by husband	2	4
c. Temporary methods		
i. Condom	15	30
ii. Pills	1	2
iii. IUD	2	4
d.Non-adopters	6	12
Side-effects		
a. Bleeding	4	9
b. Weight gaining	6	14
c. Loss of weight	2	4
d. Weakness	6	14
No side effects	26	59

Though all the women know about sterilization, only limited have knowledge on temporary methods. Among the temporary methods, condom is known to 82% of respondents, followed by pills (48%). Only two respondents have mentioned that they heard about emergency contraceptives.

As usual, female sterilization is adopted by majority of the respondents (48%). Two respondents have mentioned that their husbands have adopted vasectomy. Concerning the temporary methods, 30% are using condom, followed by pill (2%) and IUD (4%). With regards to side effects, 14% felt that they are putting up weight after sterilization and 4% have reported loss of weight. The other side effects noticed are bleeding (9%) and weakness (14%). In general, it can be understood that, though the respondents belong to urban slum area, the knowledge and practice of temporary methods is still at very low level.

Conclusion

Most of the respondents are having marginal knowledge on the STI and many of them are not able to report their problem correctly. Similarly, many of the respondents have poor knowledge on the practice of safe sex. The knowledge about emergency contraceptives is negligible. The knowledge and practice of temporary method is also at marginal level. All these show the need for education on RCH including sexual education and practice of temporary contraceptive, with reference to the condom which have double effect of controlling fertility and promoting safe sex. More targeted interventions along with general awareness strategies are needed in Hyderabad slums for Reproductive and Sexual health.

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