Research Paper Sociology

# Status of Reproductive Health and Contraceptive Methods Among the Women in Slum Area - A Case Study of Tirupati

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**ABSTRACT**

*Reproductive and Child Health is gaining importance in India since the maternal mortality is still high (540 per one lakh of births), and nearly 39 percent 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 STD (Sexually Transmitted Diseases).*

*For studying the reproductive health status, knowledge and perceptions on STIs among women, it is appropriate to conduct clinical studies. Hence, the present study is focused on clinical study approach.*

**Keywords : Reproductive health, Contraception, STD**

## INTRODUCTION

The urban population in India is one of the largest in the world. Its unprecedented growth has resulted in a large section of the population living in abject poverty in overcrowded slums. There have been limited efforts to capture the health of people in urban slums. In the present study, we have used data collected during the National Family Health Survey to provide a national representation of women's reproductive health in the slum population. The newly launched reproductive and Child Health programme of the Government of India in 1997 is indeed a long awaited move to integrate various earlier prorammes of family planning and maternal and child health with those that aim to provide services for the management of sexually transmitted diseases, reproductive tract infection, HIV/AIDS and safe and voluntary childbearing and abortion.

The National Family Planning Program, created in 1970 and authorized under Title X of the Public Health Service Act is administered by the Office of Population Affairs (OPA). The Title X program is the only federal program dedicated solely to the provision of family planning and related preventive health care. Title X-funded agencies offer a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis. In addition, Title X funds support the delivery of related preventive health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and HIV prevention education, testing, and referral and pregnancy diagnosis and counseling.

Reproductive and Child Health is gaining importance in India since the maternal mortality is still high (540 per one lakh of births), and nearly 39 percent 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 sexually transmitted disease (STD). Protected sex also seems to be low due to lack of knowledge on contraceptives and motivation. It is very appropriate to study the status of reproductive health, identifying the different STIs and examining the perceptions of women in slum areas towards sexually related problems. The repeated identification and management of Reproductive Tract Infection (RTI) among women generally require access to the same client population. For studying the reproductive health status, knowledge and perceptions on Sexually Transmitted Infections (STI) among women, it is appropriate to conduct clinical studies. Hence, the present study is focused on clinical study approach.

## OBJECTIVES

1. To understand the perceptions and knowledge about various STIs among women living in slums.
2. To study the type of treatment preferred an d undergone by slum women with regard to sexually related problems.
3. To study the knowledge and use of contraceptives by women

## METHODOLOGY

This study organized in a popular private hospital located in the middle of Tirupati town. Everyday few hundreds of patients are visiting the hospital for different problems. The hospital also gets 60 to 70 patients everyday from the surrounding slums. The hospital has hood lab facility to diagnose the diseases.

The sample of the study constituted 50 women in reproductive age with one of the STI problems. Every day, 5 willing patients with STI problem from slum areas were interviewed for the study. The study was carried out for 10 days covering 50 patients. The head of the hospital instructed one senior nurse with "B.Sc Nursing" qualification and one lady doctor to assist the researcher in carrying out the study. A questioner was prepared for interviewing the clients, and in-depth interview was con ducted with all 50 women by seeking cooperation from the lady doctor and nurse.

## FINDINGS

The hospital has good infrastructure and lab facilities. Table-1 gives different tests performed to diagnose STI/RTI.

**Table: Laboratory tests performed to identify STI**

| Disease | Test performed |
|---|---|
| Gonorrhea | Thayer – Martin culture, Endocrinal gram stain vaginal gram stain |
| Chlamydia | Syvaelisa test |

| | |
|---|---|
| Syphilis | RPR with TPHA confirmation |
| Trichomanas | Wet prep, cervical gram stain vaginal gram stain |
| Bacterial vaginosis | KCH white test, vaginal PH, Vaginal gram stain for clue cells, cervical gram stain for clue cells, wet prep for clue cells |
| Candidacies pelvic inflammatory diseases | KOH wet prep |

**PREVALENCE OF RTI/STI**

The prominent STI problems identified in the study were heavy white discharge (26.0%) and vaginal itching (14.0%).

| Problems | Number | Percentage (%) |
|---|---|---|
| Vaginal itching | 7 | 14.0 |
| Heavy white discharge | 13 | 26.0 |
| Blood stained / greenish yellow white discharge | 11 | 22.0 |
| Foul smelling discharge | 6 | 12.0 |
| Vaginal ulcer | 2 | 4.0 |
| Pain during / after intercourse | 5 | 10.0 |
| Bleeding after intercourse | 1 | 2.0 |
| Lower abdominal pain | 3 | 6.0 |
| Fungal infection / patch in the vagina | 2 | 4.0 |
| Total | 50 | 100.0 |

The other problems identified were foul smelling discharge (12.0%) pain during after intercourse (10.0%) and vaginal ulcer (4.0%) fungal infection / patches in the vagina (4.0%) and lower abdominal pain (6.0%).

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

**PERCEPTIONS ABOUT RTI/STI**

Here, the study focuses attention on the perceptions and k knowledge of women about the STI/RTI and socio-economic and demographic background of the study women.

Socio-Demographic, economic and reproductive characteristics of STI women under study

| Reasons to visit hospital | Number | Percentage (%) |
|---|---|---|
| 1. Gynecological problem | 12 | 24.0 |
| 2. Fever | 20 | 40.0 |
| 3. Pain during urination | 11 | 22.0 |
| 4. General weakness | 7 | 14.0 |
| Knowledge about the disease | | |
| 1. Responded correctly | 13 | 26.0 |
| 2. To some extent correctly | 22 | 44.0 |
| 3. No knowledge about the disease | 15 | 30.0 |
| Reasons for getting STI | | |
| 1. Unhygienic sexual practice | 14 | 28.0 |
| 2. Due to hard work | 10 | 20.0 |
| 3. Due to extra marital sex | 24 | 48.0 |
| 4. Don't know | 2 | 4.0 |
| Opinion on trend of RTI problem | | |
| 1. Increasing | 26 | 52.0 |
| 2. N not increasing | 18 | 36.0 |
| 3. Don't know | 6 | 12.0 |
| Measures to Prevent STI/RTI | | |
| 1. Safe sex | 15 | 30.0 |
| 2. Avoid extra marital sex | 26 | 52.0 |
| 3. Maintain hygienic practice | 7 | 14.0 |
| 4. Don't know | 2 | 4.0 |
| Knowledge about safe sex | | |
| 1. Good | 13 | 26.0 |
| 2. Moderate | 18 | 36.0 |
| 3. Poor | 19 | 38.0 |
| Education | | |
| 1. Illiterate | 11 | 22.0 |
| 2. Primary | 13 | 26.0 |
| 3. Secondary | 23 | 26.0 |
| 4. College | 3 | 6.0 |
| Occupation | | |
| 1. Labourers | 23 | 46.0 |
| 2. Petty traders | 13 | 26.0 |
| 3. House wives | 10 | 20.0 |
| 4. Others | 4 | 8.0 |
| Age at marriage (years) | | |
| 1. <16 | 18 | 36.0 |
| 2. 16-18 | 21 | 42.0 |
| 3. 18+ | 11 | 22.0 |
| Number of children | | |
| a. 1 | 9 | 18.0 |
| b. 2 | 24 | 48.0 |
| c. 3+ | 17 | 34.0 |

Even though, all the study women were STI affected patients, when they were asked about the reasons to visit hospital, majority of them mentioned fever. This shows that although they had STI but unable to report the problem correctly. Nearly one – third (30.0 percent) of them didn't have knowledge about the disease. Only one-fourth (26. O percent) of the women reported the problem correctly.

Nearly one-half (48.0 percent) of the respondents felt that extramarital sex is the main reasons for getting STI followed by unhygienic sexual practice (28.o percent). One-fifth (20.o percent) of the sample women thought that hard work is the reason for getting STI, which reflects on their poor knowledge. Most of the women reported that the problems of RTI / STI are increasing and majority (52.0 percent) of them had suggested to avoid extra marital sex in order to prevent STIs. Another 30 percent of the women felt that the practice of safe sex is important in prevention of STIs. However, majority of them were having poor knowledge on practice of safe sex. This is due to their poor educational status. Nearly a half (46.0percent) of the respondents was educated up to secondary level. Majority (48.o percent) of them were either illiterate or educated up to primary level only.

About one-half (48.0 percent) of the women were daily wage labourers and 26 percent were petty traders. With regard to their age at marriage, nearly three-fourths of them had married at the age of 18 or below. General, the respondents were having poor knowledge on STIs / RTIs and practice e of safe sex because of their illiteracy and lower income and occupational levels.

**CONTRACEPTIVE BEHAVIOR**

The study also throws light on the knowledge and practice of contraceptive methods. Though all the women knew about sterilization, only limited have knowledge on temporary methods. Among the temporary methods, condom was known to 82 percent of study women followed by pills (48. 0 percent). Only two respondents had mentioned that they heard about emergency contraceptives.

As usual, female sterilization was adopted by majority of the respondents (48. 0 percent). Two respondents had mentioned that their husbands have adopted vasectomy. Regarding temporary methods, 30 percent were using condom

followed by pill (2. 0 percent) and IUD (4. 0 percent). With regard to side effects, 12 percent felt that they were putting up weight. The other side effects noticed were bleeding (14. 0 percent) and weakness (12.0 percent).

| Knowledge | Number | Percent (%) |
|---|---|---|
| 1. Sterilization | 50 | 100.0 |
| 2. Temporary methods<br>a) Condom<br>b) Pills<br>c) IUD<br>d) Emergency Contraceptives | <br>41<br>24<br>22<br>2 | <br>82.0<br>48.0<br>44.0<br>4.0 |
| Adoption | | |
| 1. Tubectomy | 24 | 48.0 |
| 2. Vasectomy | 2 | 4.0 |
| 3. Temporary methods<br>I) Condom<br>II) Pills<br>III) IUD | <br>15<br>1<br>2 | <br>30.0<br>2.0<br>4.0 |
| 4. Non – adopters | 6 | 12.0 |
| Side – effects | | |
| a) Bleeding<br>b) Weight gaining<br>c) Loss of weight<br>d) Weakness<br>e) No side effects | 7<br>6<br>5<br>6<br>26 | 14.0<br>12.0<br>10.0<br>12.0<br>52.0 |

In general, it can be understood that although the respondents were from urban slums, their knowledge about and practice of temporary methods is still at very low level.

## CONCLUSIONS

Most of the studied women were having marginal knowledge on the STI and many of them were not able to report their problem correctly. Similarly, many of the respondents had Poor knowledge on the practice e of safe sex. The knowledge about and practice of temporary method was also at marginal level. All these observations show the need for education on Reproductive and Child Health (RCH) including sex education and practice of temporary contraceptive methods, which had double effect of controlling fertility and promoting safe sex.

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