

## **Reproductive Tract and Sexually Transmitted Infections among Currently Married Women in India: Findings from DLHS-RCH**

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### Abstract

Issues relating to reproductive tract and sexually transmitted infections (RTIs/STIs) have begun to draw importance recently in India for the growing HIV/AIDS pandemic in the country. The prevention and control of RTIs/STIs, including HIV, have become national priority. However, the epidemic continues to spread widely, and little is known about rates among women in India. The concern is more, since women are affected at a younger age than men. This paper focuses on the individual attributes of women that determine health outcomes through the understanding of infections in relation to their awareness and knowledge on reproductive health problems. The District Level Household Survey Data which was undertaken in 2002-04 among currently married women aged 15-44 and their husbands in 593 districts of India is used. The findings show that women's increased biological vulnerability is compounded by their subordinate social status in many parts of India and suffer silently with RTIs/STIs. Awareness and knowledge of mode of transmission of RTI/STI is lower among younger, non-literate women, and women from schedule tribes. The standard of living index shows a positive relationship with awareness of RTIs/STIs. Rather than health professionals, relatives and friends are the prominent source of information of RTIs/STIs. The prevalence of any reproductive health problems and specific symptoms are higher among rural women with low treatment seeking behavior than urban women. The utilization of private health facility and the Indian system of medicine is high among urban women than rural women who mainly utilized government health facility and chemist or medical shop for treatment. Thus, education and outreach are needed to reduce stigma and lack of knowledge related to RTIs/STIs and their treatment. The low social status of women, especially young women, appears to be a significant influence on their low rates of treatment for these health problems.

## **Reproductive Tract and Sexually Transmitted Infections among Currently Married Women in India: Findings from DLHS-RCH**

### **Introduction**

Issues relating to reproductive tract and sexually transmitted infections (RTIs/STIs) have begun to draw importance recently in India for the growing HIV/AIDS pandemic in the country. The prevention and control of RTIs/STIs, including HIV, have become national priority. Women's reproductive health has emerged as a major focus in Indian health research and policy initiatives during the last decade. This has been spurred in part by feminist critique of international family planning/population control policies. The policy and programme environment has undergone a significant shift from narrow target-oriented family planning approach to the broader orientation that stresses sexual and reproductive health and the exercise of reproductive rights more comprehensively after the International Conference on Population and Development (ICPD) in 1994. At the crux of the ICPD's programme of Action the concept of reproductive health is defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes'. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if when and how often to do so (United nation, 1994). In this context, the prevention and treatment of RTIs/STIs has been viewed as integral to the promotion of reproductive health. Despite the interest in women's reproductive health in India, information on their reproductive health situation continues to be patchy. So, this paper focuses on the individual attributes of women that determine health outcomes through the understanding of infections in relation to their awareness and knowledge on reproductive health problems, mode of transmission of infections and treatment seeking behavior.

### **Objectives**

The objective of the paper is to focus on the reproductive tract and sexually transmitted infection among currently married women with individual attributes as reported by them. The specific objectives are:

- i) To understand the profile of currently married women
- ii) To study the knowledge on RTIs/STIs and HIV, their mode of transmission and prevention
- iii) To study the prevalence (self-reported) of RTIs/STIs and the treatment seeking behavior
- iv) To show the spatial pattern of variation among women at state level with reference to their knowledge and prevalence of RTIs/STIs with education and standard of living.

### **Data**

For this study, the District Level Household Survey Data which was under taken in 2002-04 among currently married women aged 15-44 and their husbands in 593 districts of India is used. Apart from ante

natal care and immunization services, safe deliveries and contraception use, the survey has also collected information about women regarding awareness about RTIs/STIs, their mode of transmission, self-reported symptoms of RTIs/STIs, menstrual problems and treatment seeking behaviors. Thus an attempt was made to assess whether couples were aware of RTIs/STIs and if they were aware then further question were asked about source of information and mode of transmission of the diseases. This was followed by their own reproductive health problems. All the respondent were told about the symptoms of RTIs/STIs, and were asked whether they had any such problem. In case of presence of at least one symptom they were further asked whether they sought treatment for such problems, and if they sought treatment, details regarding the source of treatment were also recorded. Thus the data provides adequate scope to study about RTIs/STIs among married women and their husband in greater detail. However, the survey does not include any clinical examination and laboratory analysis. Yet it retains an appeal on the pragmatic grounds of its high feasibility. Moreover, we cannot ignore the subjective dimension of poor reproductive health.

### **Statistical Techniques Applied**

In present study percentage distribution, cross tabulation and binary logistic regression analysis have been applied. In order to present the spatial pattern of variation among women at state level with reference to their knowledge and prevalence of RTIs/STIs with education and standard of living, maps are prepared. Through out the analysis more focus is given on currently married women and their awareness, knowledge on reproductive health issues and their reproductive health problems and treatment seeking behavior. However, husband's characteristics, reproductive health problems and treatment seeking behavior are also discussed for better understanding of the gender aspects of reproductive health issues.

### **Results**

At present some of the findings from the analysis which have already been carried out by the researcher are discussed here and rests are under progression. In the DLHS-RCH survey the whole country is represented by a sample of 5, 07, 622 eligible currently married women and nearly two third of these women are drawn from rural areas. Age at consumption of marriage, particularly in rural areas is found to be very low as 63 percent of women cohabited before 18 years of age which is the legal age at marriage in India, while it is 37 percent in urban areas. Majority of the sample women belongs to other backward classes other than schedule caste/tribe and other class. There is a clear rural-urban differential among women regarding their educational attainment. At the all India level, 49 percent of women are non-literate and considerable rural-urban differential is found as 59 percent in rural areas and 26 percent in urban areas are non-literate. Men are more literate compared to their spouses. Majority of women across the country live in household categorized as medium standard of living. In urban areas 56 percent of women

belong to high standard of living households whereas in rural India only 11 percent of women belong to this category.

Awareness and knowledge of mode of transmission of RTI/STI is much lower among younger and non-literate women, and women from schedule tribes. The standard of living index shows a positive relationship with awareness of RTIs/STIs. Rather than health professionals, relatives and friends are the most prominent source of information of RTIs/STIs for women in India. One third of women reported at least one reproductive health problems. Around one-fifth of women reported about 'low back ache' in the last three months preceding the survey. The other problems which are commonly reported by most of the women are pain in lower abdomen (10 percent), itching over vulva (7 percent) and pain during sexual intercourse (5 percent). The data also provides information for currently married women on problem such as abnormal vaginal discharge, texture, color and odor of discharge in three months preceding the survey. Sixteen percent of women reported about problems related to vaginal discharge. The prevalence of vaginal discharge is relatively high among rural women (17 percent) than among urban women (13 percent). Among the women who reported symptoms of vaginal discharge, higher percentage of women from urban areas (40 percent) went for treatment than from rural areas (30 percent). High level of prevalence of vaginal discharge (20-30 percent) is reported among the women in states like Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh and Chandigarh.

Among husbands of currently married women around 8 percent of the men reported experiencing at least one symptom of reproductive health problems in the last three months preceding the survey. The prevalence of reproductive health problems is higher among rural men (9 percent) than among urban men (4 percent). However, there is not much rural-urban differential in treatment seeking behavior for reproductive health problems.

Thus the paper concludes that women's increased biological vulnerability is compounded by their subordinate social status in many parts of India and they suffer silently with RTIs/STIs. The prevalence of any reproductive health problems and specific symptoms are higher among rural women than urban women. Young married women particularly in the rural Indian community have low knowledge about RTIs/STIs and its mode of transmission, and have a high prevalence with low treatment seeking behavior. Education and out reach are needed to reduce stigma and lack of knowledge related to RTIs/STIs including HIV. The low social status of women, especially young women, appears to be a significant influence on their low rates of treatment for these health problems.