



Self Reported Reproductive Morbidity & Treatment Seeking Behaviour among Women of Jharkhand

Ashok Kumar* & Sujeet Ranjan**

There has been a growing concern to explore the demographic as well as socio cultural correlates and prevalence of reproductive morbidity among the women. Though there are very few light throwing studies on women's reproductive health problem, but magnitude of the problems may be in the dark till now. Present paper analyses Reproductive Morbidity & Treatment seeking behaviour among women of Jharkhand.

Key-words : Contraceptive Morbidity, Gynecological Morbidity, Jharkhand.

Introduction

The concept of reproductive health attracted a wide attention during the ICPD conference (1994). It has a multidimensional sphere which generally includes pregnancy, child birth and postpartum care, breast feeding, maternal and infant nutrition, infertility services, sexual behaviour, STD and HIV/AIDS services, reproductive rights and freedom and women's status and empowerment. Under these circumstances there is an increasing thinking in the scientific community about the need to give stress on maternal health, in essence their reproductive health problems (Germain et.al, 1994; Jejeeboy, 1996; Pachauri, 1996).

A search of literature reveals that despite the interest in women's reproductive health in India, information on the reproductive health situation constitutes to be incomplete and patchy (Shereen Jejeebhoy, 1995). Mostly comprehensive data are available on contraceptive use pattern. Information about obstetric and gynecological morbidity in developing countries is meager. Most studies based on hospital statistics (Bhatia et al. 1997). A few community- based studies have focused on specific problems, such as cervical cancer, vaginal discharge and reproductive tract infections among the selected groups of women (Wahi et al. 1972, Brabin et al. 1995). It is to be emphasizing here that one of the most pioneering study in the area of women's reproductive health was that of Bang and Bang (1989) who conducted community-based study on the Gond tribe of Maharashtra. The main fact of the study was that the prevalence of self reported morbidity among the women was mainly due to contraceptive use, because of stressing only on family planning dimension of reproductive health and neglecting people's choice. Instead of extensive body of research on contraceptive prevalence, research evidence has largely overlooked such topics as the magnitude of reproductive ill health, constrained reproductive choice, their determinants and consequences of ill health (Ramasubban and Jejeebhoy, 2000).

On the other hand the determinants of reproductive morbidity in Indian scenario have not been adequately explored by research studies in the last decades. Only a few studies have begun to draw associations between economic livelihood and women's reproductive health status (Madhiwala and Jesani, 1997). Studies have found that reproductive morbidity is significantly influenced by socio-economic factors and as well as contraceptive use with sterilized women and those using IUDs

*Monitoring and Evaluation, Population Foundation of India, Ranchi Branch

**State Director, Care India, Bihar

reporting significantly higher level of morbidity than other women (Wasserheit et al. 1989, Bhatia and Cleland, 1995 and Garg et al. 2001). Recent efforts to study the reproductive morbidity at the community level in many parts of India suggest a high prevalence of gynecological and reproductive morbidity (Bhatia, 1997, Santhya et al. 1998). Important findings from some different studies show that the younger the age at first pregnancy and the greater the number of pregnancies, the more likely the woman will report symptoms of reproductive morbidity. Various studies in this direction (especially base line survey in three districts of Madhya Pradesh by FPAI) also show that number of women suffer from various reproductive health problems. Another study reveals that women's reporting of reproductive morbidity depends on age, standard of living etc. (Sadhu et. al. 2001). Studies have also revealed the fact that generally the problems remain unnoticed if a woman is suffering from any kind of reproductive illness, because most of the time the complications cannot be treated at the time (Shastri, 2001).

Need For The Study

From the foot steps of Cairo conference, there has been a growing concern to explore the demographic as well as socio cultural correlates and prevalence of reproductive morbidity among the women. Though there are very few light throwing studies on women's reproductive health problem, but magnitude of the problems may be in the dark till now. Because most of the studies are clinically based and few are community based. On the other hand many women may report the morbidity but due to lack of social awareness and decision making power women are not visiting the health facilities. Therefore most of the time diseases are not diagnosed at the right time which may cause women's health in a more vulnerable situation. The situation is very much evidenced from NFHS II (1998-99) data. National Family Health Survey report shows that all over India women of many states are suffering from reproductive morbidity. Therefore in this study attempts are made to throw some light on reproductive morbidity situation in the state of Jharkhand which sounds for high maternal mortality and as well as high reproductive health problems among the women (NFHS II, 1998-99). So in the common parlance it is very necessary to understand and identify morbidity situation of women and their treatment seeking behaviour.

Objectives

The specific objectives of this paper are

- ◆ To study the reproductive morbidities pattern among women from different ethnical groups in the Jharkhand state.
- ◆ To study the treatment seeking behaviour of women for their reproductive morbidities.

Methods And Materials

For the present study data have been used from NFHS- II (IIPS & ORG Macro, 2000). In the survey questions have been asked regarding contraceptive morbidity to women who were currently married and ever user of contraception. Gynecological morbidities related questions were asked to ever married women. In the case of obstetric morbidities questions were asked to women who gave birth during three years preceding the survey. But here we are analyzing only contraceptive and gynecological morbidity. In our study only currently married women have been considered for gynecological morbidity and contraceptive morbidity. Percentages were calculated for currently

married women having any contraceptive or gynecological morbidity. Further analyses have also been done to know the effect of background characteristics on treatment seeking behaviour.

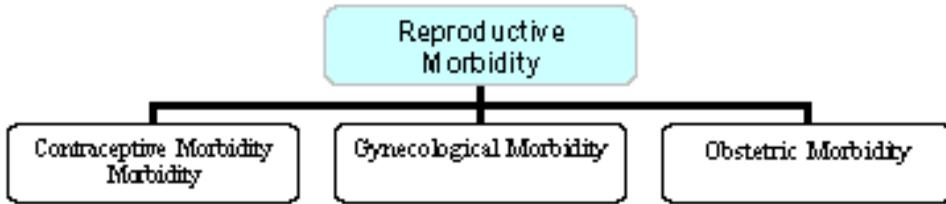
Study Area

Jharkhand was purposely selected for the study as the state has high concentration of major tribes and poor performance in reproductive and child health programs. The 28th state of the Indian Union was brought into existence by the Bihar reorganization Act on November 15, 2000 - the birth anniversary of the legendary Bhagwan Birsa Munda. Forests and woodlands occupy more than 29% of the state which is amongst the highest in India. State consists 21843911 persons (as per 2001 census) and 28 percent of its population is tribal population. The population is characterized by a large number of non-Hindu tribal peoples, many of them from the aboriginal Santal group.



Surround The Subject Matter

Reproductive morbidity refers to the problems related to reproductive system, although not necessarily as a consequences of reproduction. There are three types of reproductive morbidities Contraceptive morbidity, Gynecological morbidity and Obstetric morbidity.



Contraceptive Morbidity includes conditions, which result from efforts to limit fertility (other than abortion), whether they are traditional or modern method.

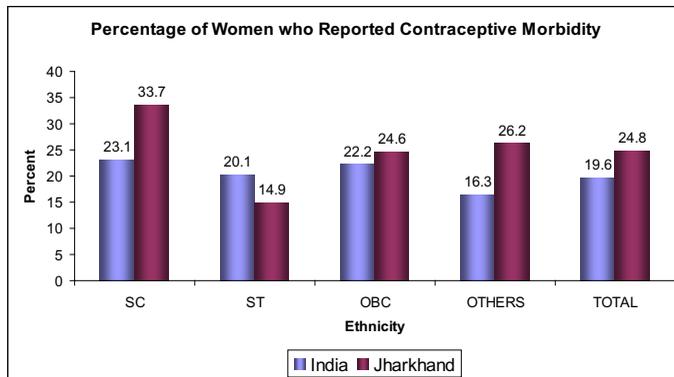
Gynecological Morbidity is related to conditions, disease or dysfunction of the reproductive system, which is not related to pregnancy, abortion or childbirth and may be related to sexual behaviour, is known as gynecological morbidity.

Obstetric Morbidity is the Morbidity in a woman who has been pregnant (regardless of a site or duration of the pregnancy) from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Analysis and Discussion

Figure 1
Contraceptive Morbidity in India & Jharkhand

The above figure shows the percentage of women who reported contraceptive morbidity in India



& Jharkhand. According to figure1 it can be observed that the total contraceptive morbidity among women belonging to all class reported in Jharkhand (25 percent) is higher than the India (20 percent). It is highest among schedule caste (SC) women and is almost 11 percentage points higher than the National figure. Only schedule tribe (ST) women have reported lower morbidity at 15 percent with regard to 20 percent of national figure. Other backward classes (OBC) women have almost similar contraceptive morbidity with 22 percent of National figure with respect to 25 percent of Jharkhand. Among others, again the contraceptive morbidity is much higher (26 percent) with respect to National figure of 16 percent.

Figure 2

Gynocological Morbidity in India & Jharkhand

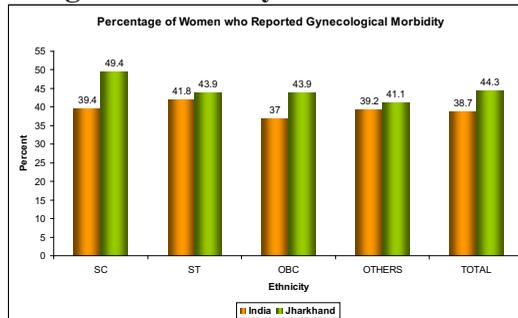
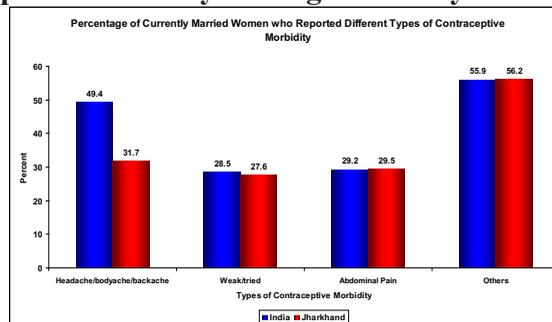


Figure 2 gives the percentage of women who reported gynocological morbidity in India & Jharkhand by ethnicity. In this figure, it is very clear that in Jharkhand all kind of women reported higher case of gynocological morbidity with respect to India. Forty nine percent of schedule caste (SC) women in Jharkhand reported that gynocological morbidity vis-à-vis 39 percent of National figure. Among schedule tribe (ST) women reported gynocological morbidity was found to be 44 percent in Jharkhand in comparison with 42 percent of Indian figure. Forty four percent of other backward classes (OBC) women in Jharkhand also reported that they have gynocological morbidity but the National figure is a little lesser at 37 percent. Overall case reported in Jharkhand by all kinds of women comes around 44 percent vis-à-vis 39 percent of National figure.

Figure 3

Contraceptive Morbidity Among Currently Married Women



An analysis of different type of contraceptive morbidity among currently married women has been done in figure 3; for the case of body ache/headache/backache, India reported 49 percent of case as compared to 32 percent of can reported in Jharkhand. Twenty nine percent cases reported for weakness/ tiredness in India, for which same 28 percent case were found in Jharkhand. For abdominal pain, 29 percent of the cases were reported for India and 30 percent for Jharkhand. Apart from all these contraceptive morbidity other kind of contraceptive morbidity were reported at 56 percent for both India and Jharkhand.

Figure 4

Gynocological Morbidity in India & Jharkhand

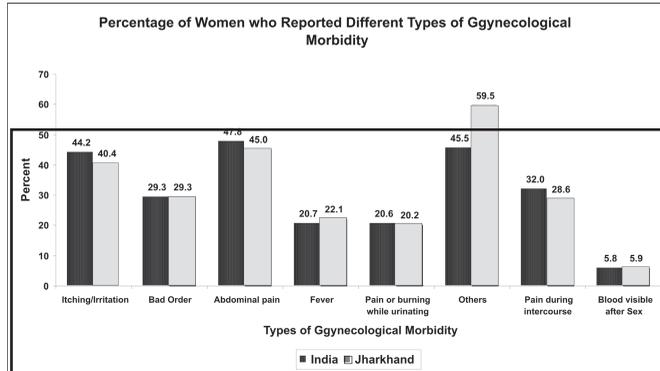


Figure 4 compares different types of gynecological morbidity among women in India and Jharkhand. Forty four percent of the women in India reported itching/irritation problem as compared to 40 percent in the case of Jharkhand. For bad odour the cases reported were same for India and Jharkhand at 29 percent. Abdominal pain was found among 48 percent of Indian women as compared to 45 percent of Jharkhand women, fever was reported higher in case of Jharkhand women at 22 percent with respect to 20 percent in the case of Indian context. Almost 21 percent women in India reported pain or burning while urinating as compared to 20 percent women in Jharkhand. Thirty two percent of women in India reported pain during sexual intercourse as compared to 29 percent in the case of Jharkhand. Among other kind of gynecological morbidity, apart from above discussed morbidity, Jharkhand registers much larger number of cases at 60 percent as compared to 46 percent for Indian women.

Reproductive Morbidity in Jharkhand

The reproductive morbidity in Jharkhand has he compared with the all India data. Now, the reproductive morbidity of Jharkhand has been analysed in detail in this section. Reproductive morbidity among the different ethnic group has been explained in Table - 1 where as Table - 2 gives the detail of contraceptive morbidity reported by married women of different ethnic group in Jharkhand.

Figure 5
Currently Married Women Visit Health Centres

Ethnicity	Contraceptive Morbidity*		Gynecological Morbidity**	
	Percentage	Number	Percentage	Number
SC	33.7	92	49.4	330
ST	14.9	94	43.9	631
OBC	24.6	256	43.9	898
Others	26.2	130	41.1	309
Total	24.8	572	44.3	2,168

Table 2: Percentage of currently married women reporting different types of contraceptive morbidity, Jharkhand					
Ethnicity	Headache/body ache/backache	Weak/tired	Abdominal Pain	Others	Total
SC	47.8	21.7	24.1	54.5	100.0
ST	40.0	30.0	20.0	40.0	100.0
OBC	34.2	34.0	40.4	48.9	100.0
Others	28.0	20.0	14.0	48.0	100.0
Total	37.1	27.4	29.5	54.2	100.0

Unweighted table

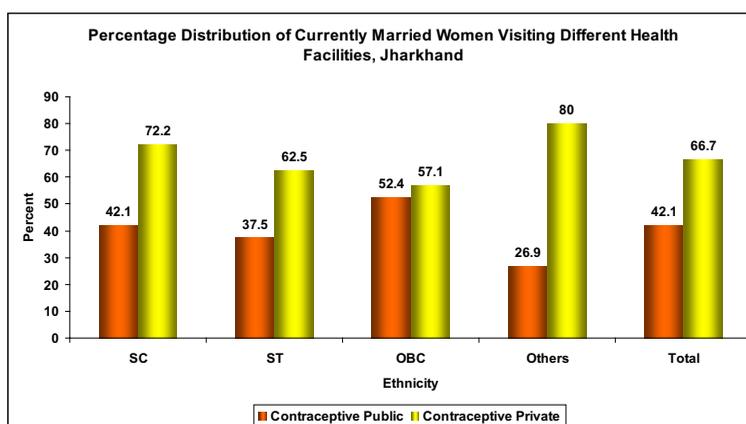


Figure 5 depicts the percentage of currently married women visiting different health facilities (Public/Private) of Jharkhand for contraceptive problem. From the above figure it is clear that in Jharkhand many women prefer to go to private health facility instead of public health facilities. Seventy two percent of women though belonging to scheduled caste (SC) category visited private health facility with respect to only 42 percent visited public health facility. Among scheduled tribe (ST) women also it is much higher at 63 percent as compared to 38 percent in case of visit made into public health facilities. This gap was found lesser in the case of other backward classes (OBC) women, as only 57 percent of them preferred private health facilities with respect to 52 percent of women visiting public health facilities. This gap is highest among other category women. Eighty percent of them visit private facility and only 27 percent of them visits public health facilities. An overall 67 percent woman in Jharkhand prefers private health facilities vis-à-vis 42 percent preferring for public facilities.

Table 3 & 4, explains the different type of gynecological morbidity and visiting different health facilities in Jharkhand by different ethnic groups.

Figure 6

Figure 6 examine the percentage of women in Jharkhand visiting public and private health facilities for gynecological problems. Figure clearly shows the preference for private health facilities. It is

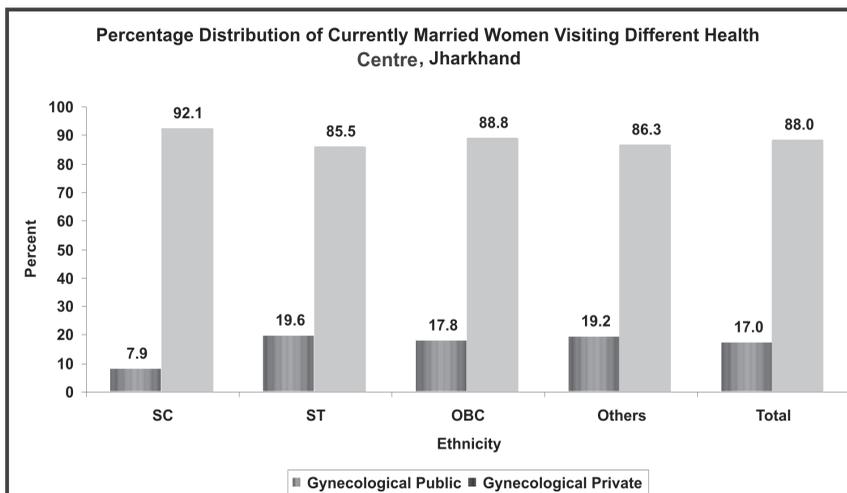
Table 3 : Percentage of women reporting different types of gynecological morbidity, Jharkhand

Socio	Tubing Annu on	Bad ada	Abdominal pain	Fera	Pain or burning while urinating	Others	Pain during sexual coitus	Blood visible after Sex.	Total
SC	33.8	28.0	42.4	17.1	22.8	55.7	31.6	4.4	158
ST	39.3	26.2	42.4	18.4	17.2	64.7	28.0	8.6	257
OBC	43.2	32.2	47.2	22.7	20.9	56.8	27.8	5.7	387
Others	42.7	28.5	47.2	34.1	21.0	61.8	28.5	3.3	123
Total	40.4	29.3	45.0	22.1	20.2	59.5	28.6	5.9	925

Table 4: Percentage distribution of currently married women visiting different health facilities, Jharkhand

Ethnicity	Contraceptive		Gynecological	
	Public	Private	Public	Private
SC	42.1	72.2	7.9	92.1
ST	37.5	62.5	19.6	85.5
OBC	52.4	57.1	17.8	88.8
Others	26.9	80.0	19.2	86.3
Total	42.1	66.7	17.0	88.0

highest among scheduled caste (SC) women as 92 percent of them visit private facilities as compared



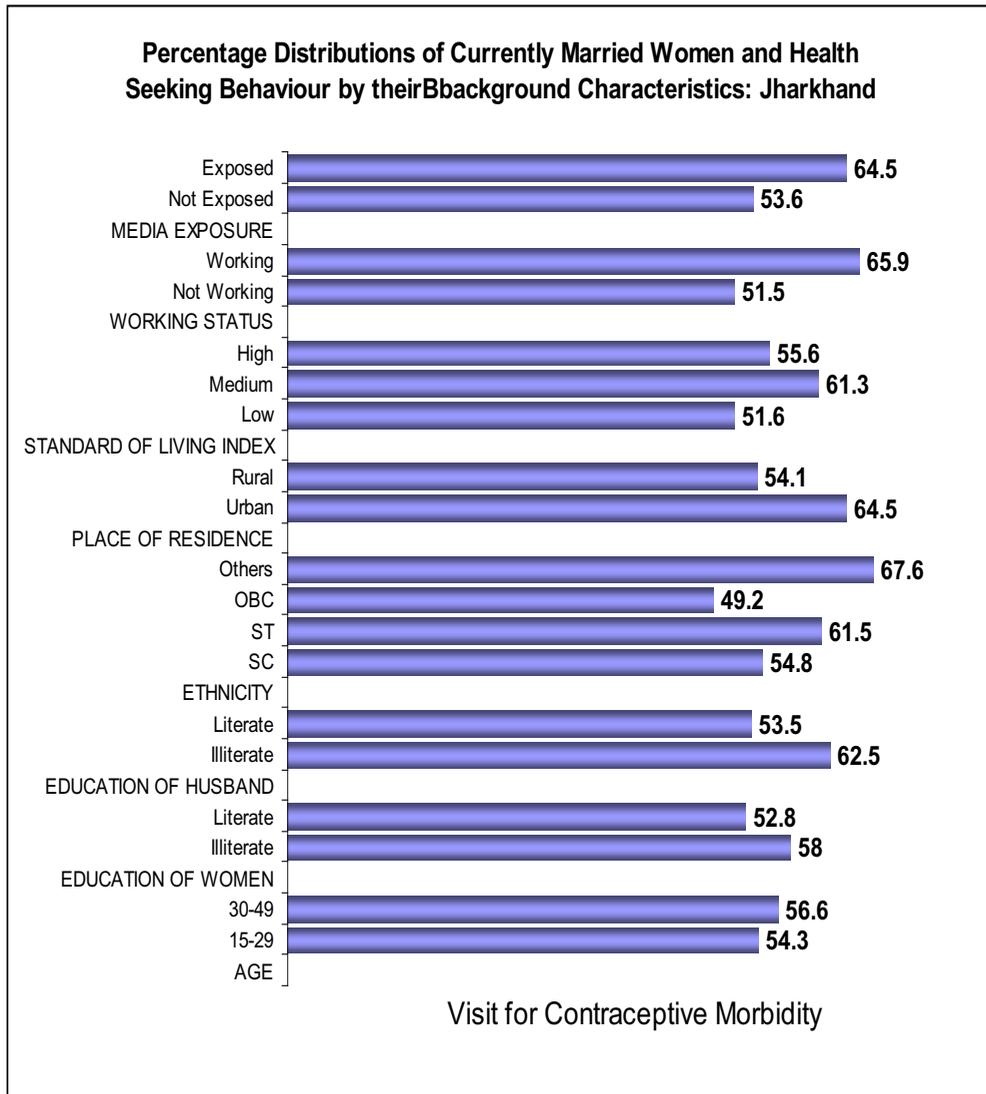
to only 8 percent going for public health facilities. Eighty five percent of scheduled tribe (ST) women also prefer visiting private health facilities as compared to 20 percent of them visiting public facilities. The percentage of women belonging to other backward class (OBC) category who visit private facilities is found to be 89 percent while only 19 percent of them visiting public facilities for gynecological morbidity. Overall, 88 percent of women in Jharkhand visit private health facilities vis-à-vis 17 percent visiting public health facilities.

Figure 7

Explains the distribution of currently married women and health seeking behaviour by their background

Table 3: Percentage distributions of currently married women and health seeking behaviour by their background characteristics : Jharkhand		
	Visit for Contraceptive Morbidity	Visit for Gynecological Morbidity
Age		
15-29	54.3	34.0
30-49	58.8	28.8
Education of Women		
Illiterate	53.0	29.6
Literate	52.8	33.3
Education of husband		
Illiterate	62.5	30.1
Literate	53.5	30.8
Ethnicity		
SC	54.8	33.1
ST	61.5	30.0
OBC	49.2	29.5
Others	67.8	30.9
Place of Residence		
Urban	64.5	35.5
Rural	54.1	29.6
SU		
Low	51.8	30.7
Medium	61.3	29.7
High	55.8	31.1
Working Status		
Nt Working	51.5	30.7
Working	65.9	28.2
Media Exposure		
Nt Exposed	53.8	29.3
Exposed	64.5	33.0
Number	N=141	N=925

characteristics in Jharkhand who visit for contraceptive morbidity. Form the figure it can be observed



that only 65 percent of women exposed to media visit to health facility and 54 percent of women who are not exposed to media also visit health facilities. Fifty two percent of women belonging to lower income group visit to health facilities and 61 percent of women belonging to middle income group go health facility for contraceptive morbidity. Surprisingly more illiterate men and women go to health facilities for contraceptive morbidity. Sixty three percent of illiterate men and 58 percent of illiterate women make visit to health facilities for contraceptive morbidity with 54 percent for literate men and 53 percent for literate women.

Figure 8

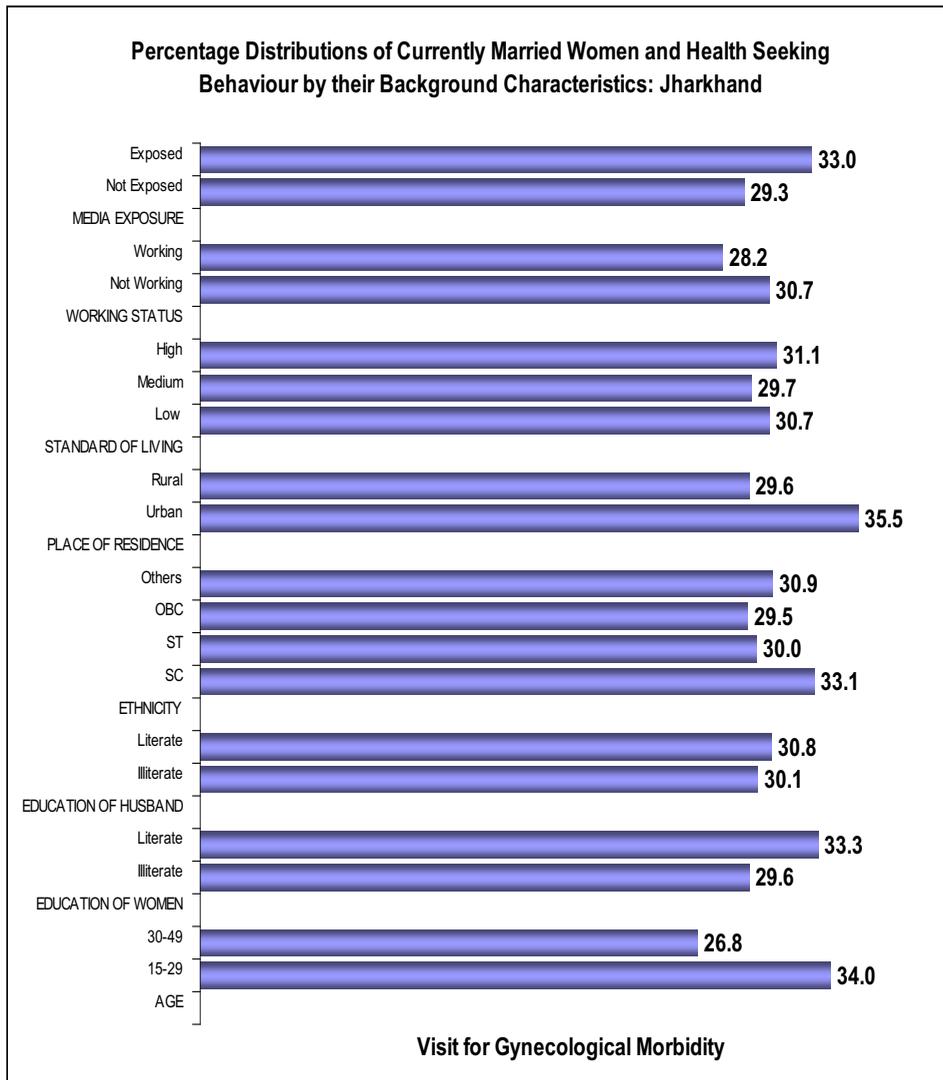


Figure 8 explains the percentage distribution of currently married women and health seeking behaviour by their background characteristics who visit health facilities for gynecological morbidity in the state of Jharkhand. It can be observed from the figure that around 31 percent women belonging to any of the income group make a visit to health facility for gynecological morbidity. Women belonging to 15-29 age categories make a larger chunk than women belonging to 30-49 years age who visit health facility for gynecological morbidity. Women residing in urban area visiting health facilities constitute of 35 percent as compared to 30 percent of rural women who visits health facilities for gynecological morbidity.

Conclusion

Notwithstanding the fact of high reproductive morbidity, women are less going for treatment. And women are mainly going for private facility. Women in the case of gynecological morbidity are less likely to go for public health facility.

From the study it can also be concluded that some of the socio-economic background characteristics of women have effect for going to health facilities. The variables, which are mostly affecting women's treatment seeking behaviour, are women's literacy, standard of living index and place of residence. In Jharkhand in the case of health visit for contraceptive morbidity age of respondent has no significant effect, where as it has a significant effect on health visit for gynecological morbidity. Though in gynecological morbidity, age group, education, place of residence, education of husband and standard of living possess a significant relationship in health visit in the state of Jharkhand. Similarly, age group also plays very significant effect on health visit in the case of any reproductive morbidity. But interesting finding is that ethnicity does not effect whether women are going for health visit or not in Jharkhand.

Reference

- Bang, R.A. and A. Bang. 1991. "Why women hide them Rural women's view points on reproductive tract infection". *Manushi* 69 27-30.
- Bang, R.A, A. Bang, M. Baitule, Y. Chaudhury, S. Sarmukaddam and O. Tale .1989. "High prevalence of gynecological diseases in rural Indian women". *Lancet* 1 (8629) 85-88.
- Bhatia, J.C and Cleland. J. 1995. *Self Reported Symptoms and Gynecological Morbidity and their Treatment in South India*. *Studies in Family Planning*. 26 (4) 203-210.
- Bhatia, J. C, Bhagavan. L and Cleland, J. 1997. "Levels and Determinants of Gynecological Morbidity in a district of South India" *Studies in Family Planning*. 28 (4) 45-103.
- Garg, S, M. Meenakshi, Singh, M.C. and Mehra, M. 2001. "Perceived reproductive Morbidity and health care seeking behaviour among women in an urban slum" *Health and Population Perspectives and Issues* 24(4).
- International Institute for Population Sciences. 2000. *National Family Health Survey (NFHS II) 1998-99*, IIPS, Mumbai, India.
- Jejeebhoy, S.J, 1995. *Women's education, autonomy and reproductive behaviour Experiences from Developing Countries*, Oxford.
- Koeing, M. Jejeebhoy,S, S.Singh and S. Sridhar. 1996. "Under Community based research on the prevalence of gynecological morbidity, Lessons from India". *Paper presented at the IUSSP seminar on "Innovative Approaches to Reproductive Health, Manila, Philippines, and Sept. 24-27*.
- Manju Rani and Sekhar Banu. 2003. "Rural Indian Women's Care Seeking Behaviour and Choice of Provider for Gynecological Symptoms". *Studies in Family Planning* 34 (3) 173-185.
- Pachauri, S. (Ed). 1999. *Implementing Reproductive Health Agenda in India; the Beginning*. *Population Council, New Delhi*.
- Ramasubban. R and Jejeebhoy,S. 2000. *Women's reproductive health in India, Centre for Social Technological Changes, Mumbai. Rawat Publication. New Delhi*.
- Sanchita Ghose & R.K Sinha 2004. *A Study of Self Reported Morbidity among the Women of reproductive age group and their Treatment Seeking Behaviour, IIPS Mumbai*.
- Sadhu, S. Bhattacharya. B.N. Majumder and K. Mukherjee. 2001. "Reproductive Morbidity among Women in Weaker Sections in Calcutta Metropolitan area", *Demography, India* 30(2) 167-192.
- Santhya, K.G. and Dasvarma, G.L, 1998. *Cultural and behavioural Factors affecting reproductive morbidity in Southern India, Paper contributed to informal session1. 41 Measuring Adult Mortality including reproductive morbidities in developing Countries*.
- Shastri, V.D 2001. *A study of self reported symptoms of reproductive morbidity among early young women in rural Madhya Pradesh, PHD Thesis, IIPS, Mumbai*.