



## STATUS OF REPRODUCTIVE HEALTH AND CONTRACEPTION; A CLINICAL STUDY AMONG WOMEN FROM SLUM AREAS

V. K. Ravindra Kumar\* V. Satheesh Naidu\*\* P. Sreekanth\*\*

\*Professor, Department of Population Studies and Social Work.

\*\*Research Scholars, Department of Population Studies and Social Work, S V University, Andhra Pradesh.

Women in the Reproductive age group constituting around 26 percent in the world population, is the most vulnerable group in terms of Health care. Reproductive and child health (RCH) is being given top priority after the International conference on Population and Development held at Cairo during 1994. 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 (178 per one lakh of births), and nearly 39 percent of women are suffering with some kind of reproductive health problem (NFHS-2). 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. Protected sex also seems to be low due to lack of Knowledge, availability of contraceptives 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. To study the reproductive health status, knowledge and perceptions on STI's 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 STI's among women living in slums.
2. To study the type of treatment preferred and undergone by Women slum dwellers with regard to sexually related problems.
3. To study the knowledge and use of contraceptives by women in Slum areas.

### Methodology

This study is organized in a popular private hospital located in the middle of Tirupathi town. Dr. Subramanyam, head of the hospital readily accepted to provide all support to conduct the study. Every day, 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 good lab facility to diagnose the diseases.

The sample of the study constitutes of 50 women in reproductive age currently suffering with one of the STI problems. Every day, 5 willing patients with STI problem (from slum areas) will be enrolled and 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 organizing the study. 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.

### Findings

The hospital has good infrastructure and lab facilities. The table-I gives different tests performed to diagnose the STI/RTI.

**Table 1: Laboratory Tests Performed to Identify STI**

Disease	Test Performed
Gonorrhea	Thayer-Martin culture, Endocrinal gram, vaginal gram stain
Chlamydia	<i>Syva Elisa</i> 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	KOH wet prep
Pelvic inflammatory diseases	-----

### Prevalence of RTI/STI

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



**Table 2: Prevalence of RTUSTI**

S. No	Problems	Number	Percentage
1	Vaginal itching	7	14
2	Heavy White discharge	13	26
3	Blood stained/greenish yellow white discharge	11	22
4	Foul smelling discharge	6	12
5	Vaginal ulcer	2	4
6	Pain during/after intercourse	5	10
7	Bleeding after intercourse	1	2
8	Lower abdominal pain	3	6
9	Fungal infection/patches in the vagina	2	4
	Total	50	100.00 %

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

The heavy white discharge, yellow discharge and foul smelling discharge are the more 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 reasons for it.

#### Perceptions about RTI/STI

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

**Table 3: Socio, Demographic, Economic and Reproductive Characteristics of STI Women under Study**

S. No		Number	Percentage
I. Reasons to visit Hospital			
A	Gynecological problem	12	24
B	Fever	20	40
C	Pain during urination	11	22
D	General weakness	07	14
II. Knowledge on disease			
A	Responded correctly	13	26
B	To some extent correctly	22	44
C	No knowledge about the disease	15	30
III. Reasons for getting ST			
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	02	04
IV. Opinion on trend of RTI Problem			
A	Increasing	26	52
B	Not increasing	18	36
C	Don't know	06	12
V. Measures to Prevent STI/RTI			
A	Safe sex	15	30
B	Avoid extra marital sex	26	52
C	Maintain hygienic Practice	07	14
D	Don't know	02	04
VI. Knowledge about safe sex			
A	Good	13	26
B	Moderate	18	36
C	Poor	19	38
VII. Education			
A	Illiterate	11	22



B	Primary	13	26
C	Secondary	23	46
D	College	3	6
VIII. Occupation			
A	Labourers	23	46
B	Petty traders	13	26
C	House wife	10	20
IX. Age at Marriage			
A	Less than 16	18	36
B	16-18	21	42
C	18+	11	22
X. Number of children			
A	I Child	9	18
B	2 Children	24	48
C	3 and above children	17	34

Even though, all the study women 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 percent) mentioned partially correctly, and a bulk of them (30 percent) does not have knowledge about the disease and only (26 percent) reported the diseases correctly.

Nearly half of the respondents (48 percent) feel that Extra-Marital Sex is the main reason for getting STI followed by unhygienic sexual practice (28 percent). Around (20 percent) thought 1, 3 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 are increasing trend and majority of them (52 percent) t40-44 have suggested "avoid of extra-marital sex" is the best was to prevent STI. Another 30 percent of women feel that practice of 'safe sex' is 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 percent) of the respondents are educated up to secondary level and 48 percentages are either illiterate or educated up to primary level only.

Most of the women (48 percent) are daily wage laborers and 26 percent are pretty traders. With regard to their Age at Marriage, nearly three- fourths of them have got married at the age of 18 or less. 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 focuses on understanding the knowledge and practice of contraceptive methods.

**Table 4: Contraceptive Behaviour**

S. No	Knowledge	Number	Percentage
A	Sterilization	50	100%
B	Temporary Methods (Known)		
	1. Condom	41	82
	2. Pills	24	48
	3. IUD	22	44
	4. Emergency Contraceptives	02	04
C	Adoption		
	a. Sterilization	24	48
	b. Sterilization by husbands	02	04
	c. Temporary methods		
	i. Condom	15	30
	ii. Pills	01	02
	iii. WD	02	04
	d. Non-adopters	06	12
	Side-effects		
	a. Bleeding 4 9	04	09
	b. Weight gaining 6 14	06	14



	c. Loss of weight 2 4	02	04
	d. Weakness 6 14	06	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 percent of study women, followed by pills (48 percent). Only two respondents have mentioned that they heard about emergency contraceptives.

As usual, female sterilization is adopted by majority of the respondents (48 percent). Two respondents have mentioned that their husbands have adopted vasectomy. Regard to temporary methods 30 percent are using condom, followed by pill (2 percent) and IUD (4 percent). With regard to side effects, 14 percent felt that they are 'putting up weight' after sterilization and 4 percent have reported loss of weight. The other side effects noticed are bleeding (9 percent) and weakness (14 percent).

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 women under this study 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 meager /nil. 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 methods which have double effect of controlling fertility and promoting 'safe sex'.