J Nepal Health Res Counc 2014 Jan;12(26):19-23

Reproductive Morbidity in a Village of Kathmandu

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ABSTRACT

Background: Reproductive morbidity has been a less studied area in developing countries. Prevalence of reproductive morbidity and health seeking behavior pertaining to it is little known. To reveal the magnitude, this study was carried out in a village of Kathmandu district. The objective of the study was to find out prevalence of reproductive morbidity and service utilized for them.

Methods: A random cross-sectional study was carried out among 200 women of reproductive age years in a village using household survey and structured questionnaire.

Results: The study revealed that 72 percent (144) women of reproductive age years have experienced reproductive problem. Gynecological problems contributed for 81 (40%) women and obstetric problems for about 51% of the married women (48 out of 94). Service seeking was found to be very low for gynecological morbidity.

Conclusions: Reproductive morbidity was found to be very high in the community. The prevalence of obstetric morbidity was almost in half the study population, whereas gynaecological morbidity was about forty percent among the women of reproductive age group. However, seeking care for reproductive morbidity was low which requires more attention.

Keywords: gynecological morbidity; Nepal; obstetric morbidity; prevalence; reproductive morbidity; service-seeking behavior.

INTRODUCTION

Reproductive health status of third world women should be considered very serious. In developing countries, reproductive morbidity is a major problem which affects the health and quality of women's lives.[1] It is postulated that the poor reproductive health of women is compounded with socio-cultural factors, resulting in poor treatment seeking behaviour and hence poor quality of life.[2] It has been noted that reproductive morbidity has largely been ignored by the policy makers, planners as well as researchers.[3]

Reproductive Health morbidity is particularly severe where women's health is concerned because of the lack of support for women to visit health services and the 'culture of silence'.[4,5] In developing countries the focus has largely been concentrated on other issues than women's health such as fertility, contraceptive prevalence and child health.[6]

In Nepal, only a few studies were found looking into the area of reproductive health. Whatever studies are available, they are focused on 'Maternal Mortality' and most of the information seems to be collected from clinical setting. Reproductive morbidity as such seems to be largely unreported in the available literature. This study is an attempt to reveal the magnitude of reproductive morbidity and health seeking behaviour in a peri-urban community of Nepal.

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METHODS

A cross-sectional study among sampled women of reproductive age years was carried out in a sub-urban village of Kathmandu district, namely the Ramkot VDC. It is located 5 km from Kathmandu Municipality area bordering with the ring road of Kathmandu and the health services are easily accessible through a primary health care centre.

The population of the study were all women (Number= 1999) of reproductive age years (15-49 years) in the study village. Selected women representing each ward were selected for the study. Random sampling was done for each of the nine wards and about 22 respondents from each of 9 wards were taken for interview. Altogether 200 respondents were interviewed for the study.

This study used household survey and Structured questionnaire to collect necessary information.

The questionnaire was field tested in one of the village in Lalitpur district. The interview with respondent was taken in the month of May-June 2009. Recall bias was minimized through probing questions by the researchers. The conditions were "experience" of the respondents and self-reported.

RESULTS

There were total 200 participants with majority in 20-40 years of age group, and most of them were literate and were married (Table 1).

Table 1. Characteristics of the respondents.

Age Group (Years)	**n (%)**
15-19	27 (13.5%)
20-29	71 (35.5%)
30-39	67 (33.5%)
40-49	35 (17.5%)
Education Level	
Illiterate	45 (22.5%)
Literate	71 (35.5%)
Secondary	61 (30.5%)
Higher Education	23 (11.5%)
Occupation	
Service	4 (2.0%)
House Wife	35 (17.5%)
Business	26 (13.0%)
Agriculture	109 (54.5%)
Student	24 (12.0%)
Labour	2 (1.0%)
Marital status	
Married	168 (84%)
Unmarried	32 (16%)
Total	**200** (100%)

Reproductive morbidity was looked from three perspectives: (a) gynaecological morbidity (i.e. unrelated to child bearing), (b) morbidity during pregnancy and (c) morbidity during delivery of child or after child birth. Following tables elaborate the reproductive morbidity. Responses of women of reproductive years on their experience on any reproductive problem (Table 2).

Table 2. Reproductive morbidity.

Experience of reproductive problem	**n (%)**
Had gynecological morbidity	81/200 (40.5)
Had obstetric morbidity (during pregnancy)	77/168 (45.8)
Had obstetric morbidity (during delivery and after delivery)	48/94 (51.1)
Had reproductive health problem (either, or, both)	144/200 (72)

The findings revealed that about three fourth (72%) of the respondents had experienced or experiencing some form of reproductive problem in the past or at present. Two in five women experienced gynaecological morbidity and about one in two had experienced obstetrical morbidity at any point of time.

Response of women on gynecological problem (number=81), obstetrical problem during pregnancy (number=118) and during or after delivery (number =94) (Table 3).

Regarding the duration of gynaecological problems, more than one third had the problem for less than one year. Another one-third had the problem for 2-5 years. About seven percent respondents had the problems for more than 10 years (Table 4).

Analysing further, lower abdominal pain, pain during menstruation, and irregular menstruation were frequently stated in all the age groups. There was no distinctive pattern across various age groups. (Table 5)

Regarding health seeking behaviour and place of treatment, respondents revealed that more than half (59.3%) of the respondents did not seek any service for their problem. Only about a third (35%) women sought care from hospital in nearby city. Local Primary Health Care Centre was consulted by a very small percentage (7%) of respondents (Table 6)

Table 3. Stated reproductive morbidity.

Stated problems	n (%)
Gynecological Problem (n=81)	
Lower Abdominal discomfort	58 (71.6)
Painful menstruation	51 (63.0)
Irregular Menstruation	52 (64.2)
Heavy Menstrual Bleeding	30 (37.0)
Urinary Problems	34 (42.0)
Vaginal discharge	27 (33.3)
Uterus Prolapse	12 (14.8)
Obstetrical Problems during pregnancy (n=168)	
Infertility	3 (1.8)
Bleeding during pregnancy	11 (6.6)
Fever/headache during pregnancy	23 (13.7)
Low mood during pregnancy	2 (1.2)
High blood pressure/ Swelling of legs and body	34 (20.2)
Jaundice	5 (3.0)
Convulsion	4 (2.4)
No problem during Pregnancy	50 (30.0)
Obstetrical Problems during or after delivery (n=94)	
Heavy Bleeding	25 (27.0)
Surgery (Episiotomy) performed	44 (47.0)
Caesarean Section performed	11 (11.7)
Malpresentation of foetus	9 (9.6)
Prolonged labour	51 (54.2)
Fainting during labour	11 (11.7)
No problem	**8** (8.5)

* Multiple responses

Table 4. Duration of the morbidity.

Duration of illness	n (%)
Less than one year	35 (38)
2-5 years	35 (38)
6-10 years	15 (17)
10+ years	6 (7)
Total	91 (100)

Table 5. Reproductive problems by age group.

Reproductive problems	Age group				Total Frequency*
	15-19	20-29	30-39	40-49	
Lower abdominal discomfort	3	24	19	12	58
Pain During Menstruation	3	20	16	12	51
Irregular Menstruation	5	20	17	10	52
Heavy Menstrual Bleeding	3	12	7	8	30
Urinary Tract Infection	1	11	15	7	34
Vaginal Discharge	2	5	9	11	27
Uterus Prolapse	0	2	4	6	12
Infertility	0	2	0	1	3
Bleeding during pregnancy	0	5	3	3	11
Bleeding during delivery	0	11	7	7	25
Fever/ Headache	2	9	8	4	23
High Blood Pressure/ Swelling	1	18	11	4	34
Prolonged labour	2	15	24	10	51

* Multiple responses

Table 6. Place of treatment.

Place of Treatment	n (%)
Local Primary Health Care Centre	6 (7.4)
Hospital in the nearby city	29 (35)
Other	3 (3.7)
Private Clinic	6 (7.4)
No treatment sought so far	48 (59.3%)
Total	92 (100%)

* Multiple responses

DISCUSSION

Reproductive health is defined as "a state of complete physical mental and social wellbeing in all matters relating to the reproductive system and to its functions and processes. It implies that people have capability to reproduce and the freedom to decide if, when and how often to do so.[7]

Reproductive morbidity is a broad concept that encompasses health problems related to reproductive organs and functions, including and outside of childbearing. World Health Working Group has defined reproductive morbidity as "any morbidity or dysfunction of the reproductive tract, or any morbidity which is a consequence of reproductive behaviour including pregnancy, abortion, child birth or sexual behaviour which may include those of psychological nature. Reproductive morbidity can be broadly categorized into three subgroups: obstetric morbidity, gynaecological morbidity and contraceptive morbidity. Obstetric morbidity refers to ill health in relation to pregnancy and childbirth. Gynaecological morbidity includes health problems outside pregnancy such as reproductive tract infections, menstrual problems, cervical ectopy, infertility, cancers, prolapses and problems related to intercourse. Contraceptive morbidity includes conditions, which results from efforts to limit fertility, whether they are traditional or modern methods. Reproductive morbidity in general, is an outcome of not just biological factors but of women's poverty, powerlessness and lack of control over resources as well.[3]

Reproductive morbidity refers to diseases that affect the reproductive system, although not necessarily as a consequence of reproduction. Reproductive morbidity can be subdivided into three broad categories, namely gynaecological, obstetric and contraceptive related.

Obstetric morbidity, which covers morbidity in a woman who is, or has been, sick from any cause related to, or aggravated by the pregnancy or its management, but not from accidental or incidental causes. The examples are: haemorrhage, vaginal discharge, fever, headache, swelling of limbs, high blood pressure, convulsion, jaundice, episiotomy or tear, Caesarean section, mal-presentation of the foetus, long labour, fever, depression etc.

Gynaecological morbidity, which covers any condition, disease or dysfunction of the reproductive system that is not related to pregnancy, abortion or childbirth, but may be related to sexual behaviour like menstrual disorder, uterine prolapse, vaginal discharge, lower abdominal discomfort, infertility, urinary problems etc.

The definition of health by World Health Organization as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' takes beyond mortality and even morbidity, but in doing so, it brings us face to face with the conceptualizing health from a broader perspective. Four difficulties in conceptualizing health namely, 'the vagueness of the concept, the value judgement of the definer (individual or physician or family, etc.), the multidimensionality of the phenomena and the impossibility of meaningful "operationalization" has been described.[8]

A growing concern with women's health in developing countries is evidenced by the safe motherhood initiatives, and by the adoption of women's health perspectives in strategies addressing child survival, family planning and women- in- development issues. This concern has created a demand for information that can provide a diagnosis of women health needs in developing countries. The available information base has been inadequate partly because of problems related to two main potential sources of information. Statistics from health institutions in developing countries generally suffer from problems of incomplete coverage.[9]

The total population of women in their reproductive age (15-49) years in the study VDC was 1999 as per the VDC profile. Applying the frequency of various conditions, it is seen that the weightage of reproductive morbidity in the community is very high. Total 144 out of 200 (72%) respondents experienced reproductive morbidity. However 54% did not seek treatment for these conditions.

Obstetric morbidity was also reported in a majority of women. Altogether 69% respondents suffered from obstetric morbidity. Of them 51% faced some symptoms during pregnancy, 81% and 41% experienced various symptoms during child birth and after delivery respectively. High reproductive (both gynaecological and obstetric) morbidity is reported from neighbouring countries: 62.7% obstetric morbidity and 37.2% gynaecological morbidity in Pakistan[10] and one or more gynaecological problem (55-74% women) in India.[11] Another study has shown that 55% of all women reported at least one gynaecological or sexual diseases.[12]

A recent study carried out in Delhi, India reported that overall reproductive morbidity was 41.3% (gynaecological- 31.3%, obstetric morbidity- 43.4% and contraceptive induced 11.2%).[2] In Tehran city of Iran it is reported that reproductive morbidity was as high as 80% (which included sexually transmitted infections- 37.6%, Pelvic organ prolapse- 41.4% and menstrual dysfunction- 30.1%). Of the respondents about two third did not seek care.[1]

In Bangladesh, a study among adolescents showed high reproductive morbidity: 64.5% had gynaecological morbidity (63.9% had menstrual disorder), lower abdominal pain (58.6%), burning urination (46.1%), genital itching (15.5%) and vaginal discharge (3.4%). Of the respondents, only 18% sought health care.[13]

Duration of illness was experienced from less than one year to more than 10 years. Use of local health facility in case of reproductive morbidity was found to be low.

The limitation of this study had been the exclusion of sexual history, abortion related questions as well as contraceptive related questions due to its the sensitivity of the issue. Besides, no physical and laboratory investigation were carried out to confirm the stated issues.

CONCLUSIONS

Reproductive morbidity was found to be very high in the community. The prevalence of obstetric morbidity was almost in half the study population, whereas gynaecological morbidity was about forty percent among the women of reproductive age group. However, seeking care for reproductive morbidity was low which requires more attention. The seeking care for reproductive morbidity was low as almost three fifth respondents did not seek medical care for reported problems.

ACKNOWLEDGEMENT

The author acknowledges the participants of this study and the National Open College for various kind of support.

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