Original Article

www.ijrhs.com
ISSN (o):2321–7251

Reproductive health profile and health seeking behavior among muslim women of urban slum of Raichur, Karnataka

Anju Ade[1], Revati S[2], Arun Kulkarni[3]

Department of Community Medicine, Navodaya Medical College, Raichur, Karnataka. 1- Associate Professor. 2- Assistant Professor. 3- Professor

Submission Date: 30-11-2013, Acceptance Date: 06-02-2014, Publication Date: 30-04-2014

How to cite this article:

Vancouver/ICMJE Style

Ade A, SR, Kulkarni A. Reproductive health profile and health seeking behavior among muslim women of urban slum of Raichur, Karnataka. Int J Res Health Sci [Internet]. 2014 Apr 30;2(2):444-8. Available from http://www.ijrhs.com/issues.php?val=Volume2&iss=Issue2

Harvard style

Ade, A., S,R., Kulkarni, A. Reproductive health profile and health seeking behavior among muslim women of urban slum of Raichur, Karnataka. *Int J Res Health Sci*. [Online] 2(2). p.444-8. Available from: http://www.ijrhs.com/issues.php?val=Volume2&iss=Issue2

Corresponding Author:

Dr Anju Ade, Associate Professor, Department of Community Medicine, Navodaya Medical College, Raichur, Karnataka.

Email: anju.ade@gmail.com

Abstract:

Design: The study was a cross sectional study**. Objective**: The study was conducted to find out the reproductive health profile of ever married muslim women of reproductive age (18-45years) and to find out their health seeking behavior. **Materials and Methods:** The study was conducted among ever-muslim married women of reproductive age group of urban slum area of Raichur. Data were collected by face-to-face interview using a structured questionnaire. Data was entered in a excel spreadsheet and analyzed by using SPSS software. **Results:** A total of 82 Muslim ever-married women were interviewed. Majority of the women were literate, 63(76.8%).Most of them 58 (70.7%) were house wives and majority 55 (67.1%) of women belonged to a nuclear family and 51 (62.2%) women had a per capita income per month of Rs. 200 to 1100.50(61.0%) of women had family size less than or equal to 5.44 (53.7%) were married at 16-19 years of age and 8 (9.8%) women married between 12-15 years of age which is below legal age of marriage. In this study, maximum total numbers of births were 3-4 and majority of women 34(41.5%) had a birth interval of 1 year and 19.5% women had no birth interval. Most of the women didn't use any spacing method till they completed family. Nearly 57(69.5%) of women reported having some kind of gynecological symptoms. Among all symptomatic women, 43.9% women did not seek care for their reproductive health problems as they considered their problems were not serious enough to seek care. **Conclusion:** Delaying marriage and delaying first pregnancy in adolescents will reduce the pregnancy and child bearing related complications and will help in improving their educational status and thereby improving scope for their empowerment. Reproductive health profile was worse among the women. Emphasis has to be laid on education on planning, spacing children, contraceptive options, safe abortions, RTI/STI. There is a preference for male child in the community. It is essential to promote a positive image of the girl child.

Key words: Health seeking behavior; Muslim women; RAichur; Reproductive health; Urban slum.

Introduction

Muslims form the largest minority group in India. They constitute about 12 percent of the country's population, which gives India the distinction of having the second largest Muslim population in the world. The growth rate of Muslim population in India during last three decades is somewhat higher than that of non- Muslim population [1].

India launched the National Family Welfare Programme in 1951 with the objective of reducing the birth rate to the extent necessary to stabilize the population, consistent with the requirements of the national economy [2]. According to NFHS-2005 prevalence of female sterilization is lowest among Muslims (21 percent). Many women prefer not to use contraception and continue childbearing until they have at least one son. The proportion of women with two living children who do not want to have any more children is much lower for Muslim women (74%) than for women in any other religious group. By religion, the level of teenage motherhood and pregnancy is higher for Hindu and Muslim women age 15-19(16-17%) [2].

Though the health indices of urban population are better than those of rural population, however conditions of urban slums may be worse than rural areas. Reproductive health needs of this segment are enormous as the fertility rates are high and access to services is poor and acceptability of contraceptive is low [3].

In the urban slum area, most of the population is Muslim population. The present study is planned and was carried out among Muslim women of reproductive age group of urban slum area, characterized by overcrowding, inadequate housing and poor sanitary conditions.

The objectives of this study were,

1. To find out reproductive health profile of Muslim women.
2. To find out their health seeking behavior.

Materials and Methods

This was a cross-sectional study conducted in the outpatient clinic of urban health centre (an urban slum area), Ashapur Road, a field practice area of Department of community medicine, Navodaya Medical College, Raichur between August and September 2013. This centre provides health services to the slum community free of charge. Health services were non-existent in this slum before starting this health centre.

All the ever married muslim women in the reproductive age group (18-45years) attending outpatient clinic at UHC, during above mentioned period and the women who consented to participate were administered pre-tested questionnaire. Data was collected on the following areas: socio-demographic characteristics, income, occupation, type of family, family size and contraceptive usage, obstetric history (Age at marriage, age at first pregnancy, total number of pregnancy, Number of abortions, birth intervals), symptoms of reproductive tract infections like abnormal vaginal discharge; itching around vagina, lower abdominal pain; backache, health-seeking behavior (treatment sought, if not, why), anonymity and confidentiality were maintained throughout the process of this study. This study was approved from ethical committee of Navodaya Medical College. Data was entered in a excel spreadsheet and analyzed by using SPSS software. The test applied was chi square test for proportions.

Results and Discussion:-

A total of 82 muslim women were interviewed. Majority of study women were in the age group of 18-22, 23-27 followed by 28-32 years. Most of the women were literate, 63(76.8%), either they had primary or secondary education. On the contrary to this, a study by MZ Islam [4] reported that majority of the women were either illiterate (34.1%) or had primary education (33.3%) with mean age of 31+8.65 years. Most of them 58 (70.7%) were house wives and those who were working outside were either housemaids or attenders. Study conducted by MZ Islam reported that most of the women (88.2%) were house wives and major segment (52.9%) had poor monthly family income (Tk.5000-10000) [4]. In this study, majority 55 (67.1%) of women belonged to a nuclear family and 51 (62.2%) women had a per capita income per month of Rs. 200 to 1100. Rest of the women had a per capita income more than Rs.1100.In contrast to this, study by MM Chandra Singh in Delhi revealed, (83.7%) women had a per capita income per month of less than Rs. 200 and majority 421 (84.36%) of women belonged to a joint family[5].

Table 1: Socio-demographic characteristics of study group

Category	No	Percentage
Age group (years)		
18-22	20	24.4
23-27	27	32.9
28-32	18	22.0
33-37	8	9.8
38-42	9	11
Educational status		
Illiterate	19	23.2
Primary	35	42.7
Secondary	23	28.0
Graduate	5	6.1
Occupation		
Working	24	29.3
Non-working	58	70.7
Socio-economic status(Per capita income)		
200-1100	51	62.2
1101-2100	19	23.2
2101-3100	5	6.1
3101-4100	7	8.5
Type of family.		
Nuclear	55	67.1
Joint	27	32.9
Family size		
<= 5	50	61.0
6-10	27	32.9
11-15	3	3.7
16-20	2	2.4

Poor socioeconomic status and meager hold on economic resources with increased work pressure due to nuclear families further affects their decision making and ultimately service seeking and reproductive health care behavior [6].

A strong preference for sons has been found to be pervasive in Indian society, affecting both attitudes and behavior with respect to children and the choice regarding number and sex composition of children [7]. As shown in Table 1, majority of women 50(61.0%) had family size less than or equal to 5. Other women had family size more than 5.

Age at marriage has profound impact on child bearing because women who marry early have on average a longer period of exposure to pregnancy and a greater number of lifetime births [7]. In this study, majority of women, 44 (53.7%) were married at 16-19 years of age and 8 (9.8%) women married between 12-15 years of age which is below legal age of marriage and 56.1% gave birth of first child during 17-20 years. Study conducted by MZ Islam revealed that 63.7% were married within 11-17 years of age and 69.8% gave birth of first child during adolescence (16- 18 years) [4].In a study conducted by M.M. Chandra Singh' the mean age at marriage observed was 17.2 years [5]. Ensuring reproductive and sexual health for the youth population is particularly challenging in India. As noted ,a large proportion of marriage are still taking place during the adolescent ages, a period when body and mind are not yet mature enough for parenthood [8]. Young women who become pregnant and have births experience a number of health, social, economic, and emotional problems. In addition to the relatively high level of pregnancy complications among young mothers because of physiological immaturity, inexperience associated with child care practices also influences maternal and infant health [7].

Table 2: Reproductive health profile of study group

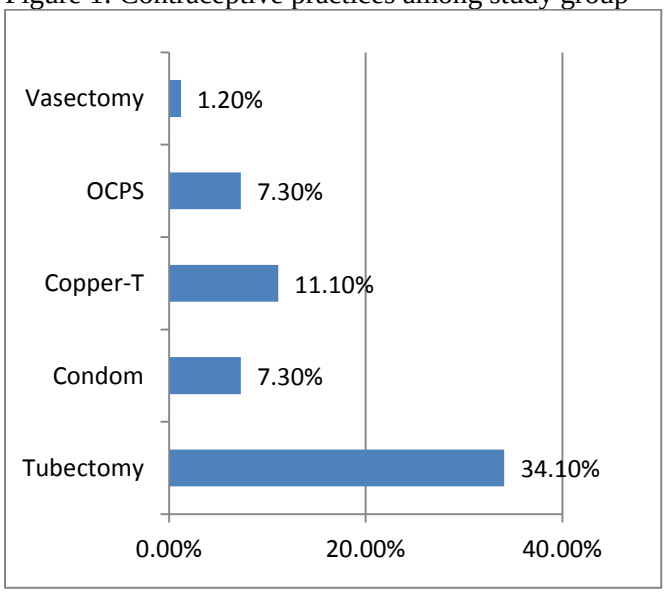
Category	No	Percentage
Age for marriage.		
12-15	8	9.8
16-19	44	53.7
20-23	24	29.3
24-27	6	7.3
Age at first pregnancy		
13-16	8	9.8
17-20	46	56.1
21-24	22	26.8
25-28	5	6.1
Total number of pregnancy		
1	16	19.5
2	15	18.3
3	24	29.3
4	17	20.7
5	4	4.9
6	6	7.3
Number of abortions		
0	64	78.0
1	10	12.2
2	6	7.3
3	2	2.4
Birth interval		
0	16	19.5
1	34	41.5
2	22	26.8
3	7	8.5
4	2	2.4
5	1	1.2

High levels of infant mortality combined with strong son preference motivate women to bear large number of children, in an attempt to have a son or two, who could survive to adulthood [9].As shown in Table No 2, in this study, maximum total number of births were 3-4.Those who wanted male child had births between 5-6.

Unwanted pregnancies terminated by unsafe abortions have inflicted negative impact on health of Indian women. Increasing the use of contraceptives is one way to reduce fertility. While the knowledge of family planning is nearly universal in India, only 49 percent of currently married women aged 15 to 49 use modern contraceptives [9]**.** In this study, majority of women 64(78.0%) had no abortions, but those few (as shown in Table no.2) who had abortions said that, they had gone for sex determination during their pregnancy for male child.

Short birth intervals may adversely affect a mother's health and her children's chances of survival .Past research has shown that children born too close to a previous birth are at increased risk of dying [7]. In this study, majority of women 34(41.5%) had a birth interval of 1 year and 19.5% women had no birth interval. Most of the women didn't use any spacing method till they completed family**.**

Figure 1: Contraceptive practices among study group



39.0% women didn't use any contraceptive. Remaining women were using some form of contraception (Tubectomy=34.1%, Condoms=7.3%, Copper-T=11.1%, OCPs=7.3%, Vasectomy=1.2). In a study by M.M. Chandra Singh, contraceptive use was found to be only 8.6% [5]. MZ Islam reported that major part (60.29%) of the women didn't use any contraceptive [4]. Socio-demographic factors like literacy status of women, income; education, type of family etc didn't show any significant association with the use of contraceptive. Similarly study by M.M. Chandra Singh reported that Literacy status of the women did not show any significant association with contraceptive use [5].

Table 3:- Gynecologic problems among study group

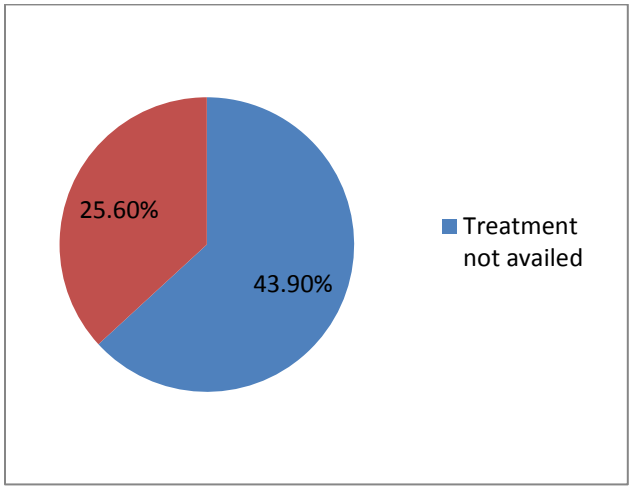
Gynecologic problems	**No**	**Percentage**
1.Abnormal vaginal discharge	14	17.1
2. Abnormal vaginal discharge & Itching around vagina	4	4.9
3. Abnormal vaginal discharge, Itching around vagina& backache.	3	3.7
4. Abnormal vaginal discharge& Lower abdominal pain	2	2.4
5. Abnormal vaginal discharge &backache.	15	18.3
6. Itching around vagina & backache	2	2.4
7. Lower abdominal pain	4	4.9
8. Lower abdominal pain & backache	2	2.4
9.Backache	11	13.4
10. No complaints.	25	30.5

In this study, Women were asked about the symptoms related to RTIs. (Table 3). Nearly 57(69.5%) of women reported having some kind of gynecological symptoms. Many women reported multiple complaints; the most common symptoms reported were abnormal vaginal discharge, backache and itching around vagina & lower abdominal pain. As shown in Figure 1, among all symptomatic women, 43.9% women did not seek care for their reproductive health problems as they considered their problems were not serious enough to seek care. Some of them said they felt shy to discuss their problem to male doctor in a nearest health facility. A very small proportion, 21 (25.6%) availed treatment for their gynecologic problems. Similarly Nilofer Sami et al reported, nearly 57%of women reported having some kind of gynecological symptoms and among symptomatic women, a little over half (56%) had not sought any treatment for their gynecologic problems [10]. The main reason for not seeking care for the symptoms reported by almost half of them was assuming their symptom to be normal. Other less common reasons were a health facility far away from home, hesitation in discussing the problem with a

male provider, waiting for LHWs to visit home and husband's non-availability for accompanying to visit a facility.

A study by Balasubramanian P reported that poverty was the main reason for not seeking treatment, followed by lack of felt necessity [11]. Similarly Shailendra K.B. Hegde et al reported that treatment seeking behavior of women for reproductive tract infections was inadequate [12]. If these symptomatic cases remain untreated, will have a potential to remain infected for a long time.

Figure 2: Health seeking behavior of study group



Conclusion

Delaying marriage and delaying first pregnancy in adolescents will reduce the pregnancy and child bearing related complications and will help in improving their educational status and thereby improving scope for their empowerment which will enhance their awareness and need for seeking health care. Reproductive health profile was worse among the women. Emphasis has to be laid on education on planning, spacing children, contraceptive options, safe abortions, RTI/STI. There is a preference for male child in the community. It is essential to promote a positive image of the girl child.

Acknowledgement

Special thanks to the Medical Director, Dr S R Hegde for his encouragement. We are grateful to the Department of Community Medicine for the support and guidance. We are thankful to all the staff of Urban Health Center for their support during the study. We would also like to thank the women who participated in the study.

Source of Funding: Nil.

Source of Conflict: Nil

References

1. Khan M.E. and Patel Bella C. (1997): Reproductive Behavior of Muslims in Uttar Pradesh; The Journal of Family Welfare,43, p.13.
2. National Family Health Survey NFHS-3 India 2005-2006, International Institute for Population Sciences, Mumbai: IIPS; India.
3. Sunder Lal, Adarsh, Pankaj, Textbook of Community Medicine Preventive and Social Medicine 2nd edition 2009.
4. MZ Islam, H Shaila, Z Farzana, Reproductive health profile of married women: experience from a rural community of Bangladesh. Bangladesh Journal of Medical Sciences Vol 10, No 4 (2011):252-256.
5. M.M. Chandra Singh, A. Khokar, D. Pagare, N. Sharma and M. Mehra A study of contraceptive use among ever-married muslim women in an urban slum of Delhi. Health and Population-Perspectives and Issues 26(1): 10-15, 2003.
6. Singh H.Education:An Important Indicator for Better Prevention and Management of RTIs,STDs,HIV/AIDS among Rural Women: An Analytical Study of UP, India: An Indian Journal of Population Education .December 2005:27-41.
7. NFHS-3, 2005-06, volume I, ministry of health and family welfare, Government of India, International Institute of Population sciences Deonar, Mumbai-400088.
8. A profile of youth in India National Family Health Survey (NFHS-3) India 2005-06.International Institute for Population Sciences. Deonar, Mumbai.
9. Ashok Kumar, M.E. Khan. Health status of women in India: Evidences from National Family Health Survey-3 (2005-06) and future outlook. Population Council Research and Practice in Social Sciences Kumar & Khan Vol.6, No.2 (August 2010)1-21.
10. Balasubramanian P, Indian Journal of Population Education, March-June, 2005:18-33.
11. Neelofar Sami, Tazeen Saeed Ali, Erum Khan. Reproductive tract infections among married women in peri-urban areas of Karachi, Pakistan: A population based study. National Journal of Community Medicine, Volume 4, Issue 2, Apr – June 2013 Page 195.
12. Shailendra K.B. Hegde, Twinkle Agrawal, Naveen Ramesh, Medha Sugara, Preethi M.Joseph,Shipthi Singh, et al. Reproductive tract infections among women in a peri-urban under privileged area in Bangalore, India: Knowledge, prevalence, and treatment seeking behavior. Annals of Tropical Medicine and Public Health, March-April 2013, Vol 6, Issue 2.