Understanding Reproductive Illness among Slum Women in Mumbai, India: Some Methodological Issues

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Context:

The International Conference on Population and Development (ICPD), held at Cairo, Egypt in September 1994 laid down an action plan for universal reproductive health services. The public health importance of RTIs has concern ranging from their close association with HIV transmission, to their economic consequences for both the infected/affected individuals and the overall health care system. One of the major challenges in the developing countries is to persuade symptomatic cases to seek care from qualified practitioners. Most studies are based on the evidence from clinics or hospitals, but since a considerable proportion of women suffering from RTI/STDs remain untreated, studies based on prevalence do not reflect the true magnitude. To understand the interrelationship between the reported symptoms and clinical/laboratory tests, in the present study an attempt has been made taking the data from sample surveys that collected information from the currently married women on symptoms, clinical diagnosis and laboratory tests pertaining to RTI/STI.

Objectives:

The study attempts to

- 1. Identify the populations at risk for RTI/STI diseases among communities of Mumbai using the symptomatic approach and laboratory test (gold standard method)
- 2. Identify and examine the predictability of cluster of symptoms of RTI/STI with the laboratory test in the risk assessment.

Data Source:

Primarily, the study based on secondary data, for which data has been take from National Family Health Survey-II (NFHS-II) and the Research and Intervention study in Sexual Health: theory to Action (RISHTA), a NIMH funded collaborative intervention research study in Mumbai, India.

Methodology:

For the purpose of comparison between the reported symptoms and clinical/laboratory tests, the information obtained on reported symptoms of RTI/STI in NFHS were compared with the RISHTA project work on RTI/STI risk assessment among women. Among the total 260 women interviewed, 193 women were used in the present study to test the preposition that reported symptoms do predict the women at risk if they are in detail and specific. The performance of the clinical diagnosis and the self reported symptoms can be assessed by determining the Sensitivity, Specificity, Positive Predictive

Value, and Negative Predictive Value of the various criteria in comparison with the presence of RTI/STI as assessed by laboratory testing.

Results:

The major findings of the study are,

- 1. The five basic symptoms related to RTI/STI such as itching/irritation around the genital area, pain during intercourse, pain or burning while urinating, bad odour and abdominal pain are important to consider.
- 2. The women in the younger age group, illiterates, belonging to Muslim and other religion and having children more than or equal to three are at high risk.
- 3. A significant proportion of women who were tested positive have not reported any of the five basic symptoms related to RTI/STI. While, the predictability increases with the expanded version of symptoms of RTI/STI.
- 4. With expanding the type of symptoms as in RISHTA project the sensitivity for the overall symptoms reported becomes high but at lower specificity level. Thus by broad-basing the symptoms it would be able to identify the correct population at risk.