

CICRED'S SEMINAR

**Gender differentials in the knowledge of RTI and
STI in India : evidence from RCH - RHS II –
Survey**

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Gender Differentials in the Knowledge of RTI and STI in India: Evidence from RCH-RHS II- Survey

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Introduction:

The annual incidence of Sexual Transmitted Infections (STIs) in India is estimated at 5 percent or approximately 40 million new infections every year (World Bank, 1996). The World Health Organisation (WHO) estimates that between 153 and 328 million cases of curable disease occur in developing as well as developed countries (Johannisson, 1996). In developing countries the mortality and morbidity due to Reproductive Tract Infection (RTIs) / Sexually Transmitted Infections (STIs) are very high relative to those associated with other health problems. Associated complications such as infertility in males and females, pregnancy wastages, congenital and neonatal infections and death, place a major burden on women and infants. The high incidence of RTIs/STIs in India also indicates the potential for rapid and extension spreads of the HIV epidemic. Spurred by the threat of AIDS and rising interest in holistic approach to address reproduction health concerns, there is substantial international activities related to the Integration of RTI/STD/HIV activities into Family Planning, Maternal and Child health (MCH) programmes. Data on reproductive health and effective interventions are very limited. There are very few community-based studies that have tried to fill this gap in knowledge of reproductive tract infections and other aspects of reproductive health. All of these, many thus far unpublished, observe high prevalence levels of morbidity ranging from 50 percent to over 92 percent (Jejeebhoy, 1995). The first and perhaps the most compelling, evidence of the importance of gynaecological morbidity came from a community-based study conducted in Maharashtra, India, in the mid 1980s, which reported that 92 percent of 650 women clinically examined had evidence of one or more gynaecological disease, with an average of 3.5 conditions per women (Bang et al., 1989). Reproductive tract infection and their sequel are inextricably intertwined disproportionately affect women. Untreated RTI is responsible for 10-15 % of fetal wastage and 30-50% of prenatal infection. Increasingly RTI is also linked with the incidence of cervical cancer, AIDS, infertility, ectopic pregnancy and a myriad of other symptoms (Abraham et al., 1996).

The reproductive child health approach emphasises on the healthy sexual life of the couples without fear of contracting disease. With this approach, the RCH programme includes the component of identification and management of Reproductive Tract Infection (RTI) and sexual Transmitted Infection (STI) and motivates people with RTIs and STIs problems to seek medical help and assist them by referring to seek treatments. The threat of AIDS has therefore resulted in growing concern about STDs and more generally, about RTI, of which STDs are only a part. Many problems can affect the reproduction tract; including infections those are not sexually transmitted.

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Current statistics make the divesting reality of spreading epidemic, particularly for women, who are at risk of HIV/AIDS due to biological and social vulnerabilities (Bhende, 1995). It is estimated that biologically, a woman is nearly 18 times more likely to be infected by sexual partner than the other way round during act of intercourse (Roa, et al. 1997). In addition, a high prevalence of RTIs and STIs among women than their counterparts makes them more vulnerable to HIV infection. In India, women are also at more risk for RTIs/STIs infection due to their lower status and cultural taboos, socio-economic and gender based inequalities has resulted into higher rate of illiteracy, poor access to health and other social services and natural deficiencies among women.

Gender differences in health in developing countries have, until recently, received little attention, from researchers, health programmer and international development efforts. Even in the industrial world, women's issues were not apart of the overall health care agenda prior to 1980s (Vlassoff, 1994). Gender is a socially constructed difference between men and women. The difference between sex and gender is that, gender is social and cultural in nature rather than biological differences, however biological differences play role in social relation of gender (Busfield, 1996). The three concepts of gender inequality are inequality in prestige, power and access to control resources (Okojie, 1994). There are various aspects to women's health are influenced by the socio-economic and cultural context. There are various different ways in which the health risks faced by women are influenced by gender- by the socio-economic and cultural aspects of being female (Dey, 1998).

Women endure most of the complication, and in much larger number than man. Women suffer symptomatic or mildly symptomatic infections. In addition to this women have little control over their sexual desire, decision-making, and their access to appropriate reproduction health services severely restricted. The external exposures to males make them more aware about these all infection and diseases, mode of their transmission, available treatments, but the females with low level of education, decision-making role, lower exposure to mass media etc., all these forced them to for higher risks. Maternal mortality should not be viewed as a chance event so much as a chronic disease developing over a long period, for the outcome of a pregnancy is profoundly influenced by the lower status and circumstances of a woman's life (WHO, 1989). Inadequate access of a nutrition and health care in childhood, illiteracy and heavy burden of domestic work all have damaging effects on women's general health, and therefore on their potential for healthy childbearing. These lifelong disadvantages are compound by cultural and economic pressures towards early marriage and pregnancy (Doyal, 1995)

The main objectives of the study are; to understand the gender differentials in the extent of knowledge about RTIs and STIs based on some selected background characteristics, to examine the socio-economic factor responsible for exiting variation in the awareness about RTIs/STDs and to examine the extent of prevalence of symptom of RTIs/STIs and sought treatment for their problem.

Data source and method:

The basic data used in the study has been taken from the RCH-RHS survey. The RCH-RHS survey was carried out in two phases by Ministry of health and family welfare, Government of India and funded by World Bank. International Institute for Population Sciences (IIPS), Mumbai,

as a nodal agency collects the data with the help of different regional agency in all the district of the country. Approximately 50 percent of the district from each state and union territory were covered in each phase. The phase I was carried out from May to November 1998 and phase-II was carried out from October 1999. For the selection of districts for the survey, the districts were arranged alphabetically, and starting at random from either first or second district, and alternative district were selected. In phase II covered all remaining 252 district approximately 50 percent of total districts. In each district, 50 primary sampling Units (PSUs), either villages or urban wards were selected adopting probability proportional to size (PPS) sampling and 22 household from each PSU were selected by using systematic random sampling. The main aim of the survey was to estimate the service coverage of Ante Natal Care and Immunization, extent of safe deliveries, contraceptive prevalence, unmet need for family planning, awareness about RTI/STI and HIV/AIDS. In the survey -information collected on the awareness of RTIs, STIs and HIV/AIDS in mainly concentrated on the source of their information, mode of transmission, perception about the curability of RTIs and STIs, and sought treatment and place of treatment. The analysis focuses on the 2,42,758 currently married women aged 15-44 year and 1,53,371 men aged 20-54 years interviewed in the RCH-RHS phase II survey. Eligible women and men provided information on her/his background characteristics and RTIs and STIs status. For women reproductive tract symptoms assessed included: burning sensation, pain or difficulty while urinating, pain in lower abdomen or vagina during intercourse, severe lower abdominal pain with discharge, fever with discharge, any vaginal discharge, nature of discharge and get itching or ulcers on the sides of vaginal area. Synndromic reporting of RTIs, while imprecise, may indicate the presence of infections such as vaginitis (trichomoniasis, bacterial vaginosis or candidiasis), cervicitis (gonorrhoea and chlamydia) and pelvic inflammatory disease or PID (WHO 1991). If the any of the said above problem having to women then, they were asked if they consulted a doctor (government or private), ANM/nurse, medical shop/chemist, Dai (traditional birth attendant) or relatives etc. for treatment. For men symptoms assessed included: any discharge from penis, any sore on genital or anal area, positive syphilis blood test, difficulty/ pain while urinating or very frequent urinating, swelling of testing or in groin area, and if the any of the above problem they were asked if they consulted a doctor (government or private), health worker, medical shop/chemist, or relative/ friend etc. for treatment. In this survey data is available on background variables like the place of residence, source of drinking water, type of house, source of lighting, and type of fuel mainly used for cooking, toilet facility and household assets. All these were reported by head of the households and the data then linked to the respondent's record. Household Assets offer a proxy measure for socio-economic status (Filmer & Pritchett, 1999). Head of the household were asked whether the household had any of the following items: a fan, a radio/transistor, a sewing machine, a television, a bicycle, a motor cycle/ scooter and a car.

Analysis and findings:

The present analysis has been carried out based on the information on the selected background characteristics like, place of residence, caste, religion, standard of living, education of women and her husband, and age of the women, age of first cohabitation and children ever born. However, due to non-availability of information for the males, mainly information about demographic indicators and education, the same can't be used in analysis for males.

The analysis is grouped in three sections, in section first awareness about the RTIs and STIs, and source of information has analysed. In the second section, mode of transmission of

RTIs and STIs and perception about the curability of these has been analysed by background characteristics of respondents. Third section is focused on the reported symptoms and consults for treatment.

Section I: The awareness of RTIs and STIs,

The bivariate analysis reveals a pattern of socio-economic and regional differentials in awareness of RTI/STI that is consistent for both females and males.

Analysis shows that the level of awareness for RTIs is higher among both female and male in compared to the awareness of STIs. Overall 50 percent of female and about 28 percent of males have had ever heard about the RTIs. While only 29 percent of female and 24 for percent of males have had ever heard about STIs. The level of awareness for RTIs and STIs are higher among females than males. As can be seen in table 1, women and men from household of low standard of living, and lower caste and tribe backgrounds, and female and of her husband with no education are less likely to report about knowledge of RTI & STI than are other women and men. Urban-rural differences, however, are inconsistent in awareness of sexually transmitted diseases in both women and men. The significant difference can be notice in level of awareness of RTIs is almost 17 percent higher among the females with 10 or more year of schooling than the level of the awareness among the non-literate females but this difference for the awareness of STIs is increased up to 27 percent between females with 10 or more year of schooling and non-literate females. The differences can also be observed in the level of awareness among females by of her husband's education (husbands with 10 or more year of schooling and non-literate husbands). The level of awareness about RTIs and STIs varies significantly across the region. The level of awareness for RTIs is quite high (68 percent) among the females who reside in Eastern region, but females from Northeast region have lowest level of awareness (21 percent). Among the males, the Northern region's males have highest level (46 percent) of awareness while northeast region have lowest (16 percent) of RTIs. But in awareness of STIs, females from Southern region have highest level of awareness (39 percent) followed by females from Eastern region (34 percent), and the females from the Northeast region have lowest level of knowledge of STIs (17 percent). Among the males, in Northern region have highest level of awareness (36 percent) followed by Eastern region (30 percent), and men who reside in Central region have lowest level of awareness of STIs (14 percent).

Sources of Awareness for the RTIs and STIs:

The sources of information regarding awareness have been analysed for electronic media (Radio/Transistor and Television), print media (Newspaper, book, magazines, slogans, pamphlets, wall hoarding etc.), doctors, health workers, and relatives/friends and other (school teacher, community meetings etc.). As part of HIV/AIDS prevention programme, the Government of India has been using mass media extensively, especially electronic and print media, to create awareness among the general public about HIV/AIDS but also for RTIs/STIs RCH-RHS survey asked women and men who heard of RTI/STI about their source of information. Table 2 & 3 shows the percentage of women and men who had heard about RTIs and STIs from specific source. Relatives/friends is by far the most important source of information about RTIs and STIs among women and men both in India. Eighty-six and eighty percent of women who are aware of

RTIs and STIs received information from relative/friend. And for men too, the percentage is 72 and 67, and other important sources of information about RTI are print media (25 percent) and electronic media (16 percent), and 34 percent and 24 percent respectively for STIs. While 10 percent and 20 percent of the women have mentioned electronic media as providing information for RTIs and STIs. In all source of media, percentage of print media is high among the males as provide information for RTIs and STIs, while females have reported electronic media as a source of information for both RTIs and STIs. There is significant proportion of respondent who have reported others sources as a source for the information about RTIs and STIs. The proportion of respondents varies significantly by their background characteristics. In some groups for females and males living in urban areas, belong to other caste category, belong to other religion, having higher standard of living and with higher education (for women) are more likely to report the electronic and print media as source of information. More or less a similar trend can be also observed for doctors. But the proportions of those who have reported the health workers, relatives/friends and other as sources are higher for the respondent from rural areas, low background (SC/ST) caste, belonging to Hindu religion, low level of living standard and among non-literate women. Source of information about RTIs/RTIs varies by region also for female and male both. Electronic media is reported highest as the source in Southern region by females for RTIs (34 percent) and STIs (49 percent) but reported lowest in Northern region (three percent) and Central region (six percent) for RTIs and STIs respectively. Print media is providing highest information about RTIs for female (20 percent) and males (49 percent) in Southern region, while it seems lowest in Eastern region for females (Four percent) as well as for males (14 percent). A very similar trend can be observed for the STIs too. In Southern region male has more exposure (55 percent) to print media followed by Western region (44 percent) and Northeast region (39 percent) while female is more exposed to print media (Thirty two percent) in the Northeast region as a source of knowledge about STIs, and it is lowest in central region (six percent) for female and in Eastern region (21 percent) for male. Doctors and health worker are not playing a satisfactory role in providing information on RTIs and STIs. Only thirteen percent and four percent men reported doctors and health workers were provided information on RTIs while the percentage of women is five and three respectively and for STIs the percentage of women are six and four and corresponding figures of men are fourteen and five for doctors and health workers respectively.

Section II:

Mode of Transmission for RTIs and STIs by females and males:

Respondent who have heard of reproductive tract infections (RTIs) and sexually transmitted infections (STIs) were asked of transmission of RTIs and STIs. Mode of transmission has analysed with respect to homosexuality intercourse, heterosexuality intercourse, lack of personal hygiene and others for RTIs (table 4) and for STIs (table 5) as homosexuality, heterosexuality, mother to child transition, infected blood transfusion and other modes reported by background characteristics of the respondents. The knowledge about the mode of transmission of RTI was good among the males, as majority of the males reported that RTI gets transmitted through bisexual intercourse (32 percent) and by lack of personal hygiene (30 percent) while this knowledge was found to be lesser among the females as about 24 percent of the females mentioned lack of personal hygiene and 14 percent female mentioned bisexual intercourse to be the modes, by which RTI could be transmitted. But percentage is much low that mentioned homosexual intercourse is mode of transmission for RTI as well as STI, only few females (Three

percent) and few males (six percent) has mentioned homosexual intercourse to be the modes, by which RTI could be transmitted and for STI the percentage is six and ten reported by female and male respectively. A very little is known about the practise of homosexuality in contemporary in India (Moni Nag, 1996). According to Ashok Row-Kavi (1993), a self-acclaimed homosexual activities the number of the exclusively or predominately homosexual men in India would be over 50 million. His estimate was based, on the assumptions that the prevalence of homosexual behaviour is not less than what Kinsley et. al. found for American males in 1938-1947. A large proportion, about 57 percent females and 39 percent males mentioned that they don't know any mode of transmission of RTIs and about 12 percent males and females each have reported other sources of transmission. The knowledge about mode of transmission of RTIs have varies significantly by their background characteristic. Respondents living in urban areas, belong to other caste category and especially Hindu religion, higher standard of living, residing in Northeast region, and female with 10 or more year of schooling are more likely to report the personal hygiene as a main source of mode of transmission to get infected of RTIs. Respondent both female and male both residing in Northeast region are more likely to report homosexuality, and personal hygiene as a main source of mode of transmission to get infected of RTIs.

A very similar pattern of mode of transmissions for STIs (table 5) has reported by females and males. Heterosexuality is frequently reported as a mode of transmission, almost half of the females and two-third males have reported heterosexuality to be the mode of transmission, by which STI could be transmitted. While about 6.6 percent females and 10.5 percent males have reported homosexuality as a mode of transmission. Mother to child transition has reported by 11 percent females and 10 percent males. But the transmission of STIs through blood transfusion has reported by only 9.5 percent females in comparison to 17 percent males as mode of transmission. About two-fifth of female and one-fifth of males have reported that they don't know any mode of transmission, to get infected of STIs.

The proportion of those who have reported different mode of transmission varies significantly by their background characteristics. Homosexuality, as mode of transmission of STIs has reported more by respondents who belong to lower background caste (SC/ST) as compared to respondents from other caste. About 8 percent females and 11 percent males of SC/ST caste have reported homosexuality as a mode of transmission of STIs as compared to six percent females and ten percent males from other caste. But comparatively a large proportion of respondent from other caste have reported heterosexuality as a mode of transmission of STIs. Comparatively more respondent from urban areas, belong to other religion, having high standard of living, and female with 10 or more year of schooling have reported homosexuality, heterosexuality, mother to child transition and infected blood transfusion in compared to counter part in respect to sex of respondent. But the proportions of respondent those have reported to any mode of transmission varies significantly among different regions. In the Northeast region the highest proportion of females (27 percent) and males (30 percent) have reported homosexuality as mode of transmission. At the same time the respondents from Northern region are more likely to report the heterosexuality as a mode of transmission. About 83 percent females and 91 percent males from Southern region have mentioned heterosexuality to be the mode by which STI could be transmitted. About one-fourth of females and males from Northeast region have reported mother to child transmission as a mode of transmission, which is the highest among regions. Over all, in India 39 percent of the women and 22 percent of the men reported that they have no

idea about the mode of transmission of STI, and majority of the women and men mentioned that heterosexuality (48 percent and 66 percent) as a main source of mode of transmission of STIs.

Perception about the curability of RTIs and STIs:

Further, with regards to perception about curability of RTIs by background characteristics was discussed. Majority of the females (74 percent) and males (82 percent) reported that RTI is a curable disease. Similarly two-third of females (69 percent) and males (79 percent) have reported STIs is curable. The proportion of those who have reported RTIs and STIs as curable varies slightly by place of residence, caste and religion. Age of the women does not show any significant variation in perception of curability of RTI and STI. While the same, curability of RTI varies significantly by the standard of living, region and education of women. About 82 percent females and 88 percent males from high standard of living have reported RTIs as curable disease when compared to 72 percent females and 79 percent males from low standard of living. Similarly 75 percent females and 85 percent males from high standard of living have reported that STIs is a curable diseases when compare to 68 percent females and 77 percent males in low standard of living. Eighty percent and seventy three percent of women with 10 or more year of schooling has mentioned her perception that RTI and STI is curable as compared to 71 percent and 68 percent of non-literate group of the women. The highest proportion of females from Central region has reported more or less (81 percent) RTIs and STIs as a curable. But the maximum males (86 percent) of western region have reported RTIs as curable, while highest proportion of males, and about 86 percent males form Northern region have reported STIs as a curable disease.

Section: 3

Any reproductive tract infections among males and females:

All male respondent were asked, did you ever had any problems like; any discharge from penis, any sore on central or annual part, difficulty while urination, found positive syphilis blood test, and swelling of testes or in groin area (penis) and All females were asked three questions like, during the past three months did you have burning sensation, pain or difficulty while urinating, did you experience pain in lower abdomen or vagina during intercourse and did you have any problem of vaginal discharge. And who report any reproductive health problem than they were asked has consult to any one for an advice or treatment.

Absence of reproductive tract infections is essentials for the reproductive health of both women and men is critical for their ability to meet their reproductive goals. There are different types of reproductive tract infections for women: endogenous infections that are caused by the multiplying of organisms normally in the vagina, iatrogenic infections caused by the introductions of bacteria or other infections causing micro-organisms through medical producers of such as IUD insertion, and STIs. Endogenous infections and several of the iatrogenic and sexually transmitted infections are often easily caused if detected early and given treatment. If left untreated, RTIs can causes pregnancy related complications, congenital infections, infertility and chronic pain. They are also a risk factor for pelvic inflammatorily diseases and HIV (Population Council, 1999).

A number of studies (Bang et. al., 1989; Bang and Bang, 1991; Pachuari and Gittelsohn, 1994; Jeejeebhoy and Rama Rao, 1992) have shown that many Indian women suffer from RTIs. As table 7 indicates a total of 71,230 (or 29 percent) of all women and a total of 17,800 (or 12 percent) of all men reports disorder or problems. And out of reported women only one third of the women have seek treatment or consult health personal to her problems, several researchers have also shown that women in India often bear the symptoms of RTIs silently without seeking health care. And among male more than half have seek treatment for their reproductive health problems. Here, it is very clearly can be noticed that prevalence if RTIs is high among women and seeking treatment for health care is substantially low as compared with men. Women's lower status in the family, where decision regarding mobility and expenditure for health care is not in her hand. It is not so easy for them to seek health care. Even when health services are available, women may not be able to utilize the service due to various socio-cultural constraints, which pervade many societies (Gupta, 2001). It has also been widely recognised that women are treated in an infection may by health care providers, and that they are therefore hesitant to seek treatment (Vlassoff, 1994).

Any reproductive tract infections are slightly more common among rural women (30 percent) and for men (12 percent) than urban women (26 percent) and men (9 percent). By caste, the prevalence of RTI is more common in other cast women (30 percent) and SC/ST caste men (12 percent) as compared to 27 percent of SC/ST women and 11 percent for other caste men. Reported RTIs symptoms vary only slightly by religion, with Muslim women and men more likely than women and men of Hindu and other religion. RTIs among women and men slightly declined with the household standard of living. Thirty one percent of women and thirteen percent of men from households with a low standard of living report any reproductive health problems compared with twenty three percent of women and seven percent of men with a high standard of living. The prevalence of RTIs declines steadily with education, from 31 percent among non-literate women to 22 percent among women who have completed 10 or more year of schooling. RTIs are slightly more common among women in the beginning of reproductive age span than at the middle and ends and it is found to be slightly high among women who have experience of first cohabitation before reaching in reproductive age span i.e. less than 15 years of age and it is declining with increase the age of first cohabitation. Among women who have ever had birth, the prevalence of symptoms of RTIs tends to rise with the number of births; women with no births also have a relatively high prevalence of symptoms of RTIs. The prevalence of RTIs problems also varies with regions among women and men. Among women it is highest in Central region (35 percent) followed by Northern region (33 percent) and it is lowest in Southern region (23 percent) and among men its ranging 16 percent in eastern region to 6 percent in Southern region.

Among women who report any reproductive health problems, more than half have not seen any advice or treatment while among men who report any symptoms of RTIs more than half them seen any for advice or treatment. To seek treatment or get advice also varies by background characteristic of the respondents. More respondent, either women or men, from urban background, and not belong to lower caste and tribe (non-SC/ST), and Muslim women sought treatment for their problems with compare to women and men from rural area, SC/ST category and, Hindu and other religion. Proportion of sought treatment among women and men decline in reverse with the household standard of living. Specifically, 49 percent of women and 70 percent of men with a high standard of living sought treatment for their problems compared with 31 percent of women and 55 percent of men from low standard of living. To seek treatment for her

problem increased with education, from 31 percent among non-literate women to 48 percent among women who have completed 10 or more year of schooling. There a strong relationship between the level of education of women and the health seeking behaviour in areas such as child survival, contraceptive use, maternal care etc. (Gupta, 2001). By the age of women and age at first cohabitation of women, treatment-seeking behaviour is increasing with increase her age and age at first cohabitation. Among women who have ever had a birth, the treatment seeking behaviour tends to rise with number of births, but have/had 4 or more children percentage is slightly low. By region, 45 percent women and 63 percent men from Southern region sought treatment for their problems and it is lowest in Northern region among women (29 percent) and men (46 percent) from Northeast region.

The different type of health problems among men is presented in table 8. All men were asked have you ever had any discharge from penis, any sore on genital or anal area, positive blood test for syphilis, difficulty / pain while urinating or very frequent urination and swelling of testis or in groin area (penis). It has been observed in table 7, twelve percent of men have reported that they have ever had any one of these problems, and among these problems four percent have reported any discharge from penis, two percent reported any sore on genital or anal area, one percent reported positive blood test for syphilis, seven percent and two percent have mentioned difficulty / pain while urinating or very frequent urination, and swelling of testis or in groin area (penis) respectively.

The proportion of male who have reported different type of problems varies with the background characteristics. Males from rural area, belong to lower background caste (SC/ST), and Muslim men are more likely to report all five problems except slightly few men from urban area who reported positive blood test for syphilis with compare to men from rural area. RTIs problems slightly decline with the household standard of living. Five percent, three percent, one percent, eight percent, and three percent of men reported any discharge from penis, any sore on genital or anal area, positive blood test for syphilis, difficulty / pain while urinating or very frequent urination and swelling of testis or in groin area (penis) respectively with low standard of living compared with high standard of living and respective figures are two percent, two percent, one percent, four percent and one percent. Symptoms reported among men are varying across with regions too. Any discharge of penis is reported high in Eastern region (8.5 percent) to lowest in Southern region (1.5 percent), any sore on genital or anal area high among Central region (Four percent) to lowest among men of Southern region (0.7 percent), positive blood test for syphilis are high among Western region (Three percent) to lowest among Southern region (0.2 percent), difficulty / pain while urinating or very frequent urination is reported high among Central region (Nine percent) to lowest in Southern region (3.1 percent) and swelling of testis or in groin area (penis) is high among Central region (3.5 percent) and lowest among men who residing in Northern region (0.7 percent).

Table 9 shows the prevalence of different reproductive health problems among women by background characteristics. Thirteen percent of women reported problem related to symptoms of urinary tract infection (Burning sensation / pain while urinating), eleven percent reported lower abdominal pain during intercourse, and twenty one percent reported problem related to vaginal discharge. Reproductive health problems are more common among rural women (14 percent-reported a urinary tract infection, 12 percent-lower abdominal pain during intercourse, and 22 percent reported vaginal discharge) than urban women (11 percent, 10 percent, and 19 percent

reported a urinary tract infection, lower abdominal pain during intercourse, and vaginal discharge respectively). By caste, prevalence of, a urinary tract infection, and lower abdominal pain during intercourse is almost same among SC/ST caste and other caste, while it varies, in prevalence of vaginal discharge, 19 percent women reported among non SC/ST to 22 percent in other caste women. Reported reproductive health problems vary by religions, Muslim women is slightly more likely to report than women of Hindu and other religion, 17 percent reported a urinary tract infection, 14 percent lower abdominal pain during intercourse, and 25 percent reported problems related to vaginal discharge. The prevalence of reproductive health problems has declined steadily with household standard of living, and with education. Fifteen percent, 12 percent, and 22 percent of women with low level standard of living reported, a urinary tract infection, lower abdominal pain during intercourse, and problems related to vaginal discharge to 9 percent, 8 percent and 16 percent with high standard of living respectively. And among non-literate women, 15 percent, 12 percent and 23 percent reported, a urinary tract infection, lower abdominal pain during intercourse, and problems related to vaginal discharge respectively to 9 percent, 8 percent and 15 percent with 10 or more year of schooling. Reproductive health problems are slightly more common among women in the middle of the reproductive age span than at the two ends (age 15-19 and age 40-44), and by age of first cohabitation, prevalence of reproductive health problems are higher among women who have experience of first cohabitation before entering the reproductive age span and age group 15-19 year, and it is declining with increase the age at first cohabitation. Among women who have ever had birth, the problems of RTIs is found more among who had/have four or more births (15 percent -a urinary tract infection, 11 percent -lower abdominal pain during intercourse, and 23 percent- vaginal discharge) and who have/had no birth (13 percent-a urinary tract infection, 15 percent -lower abdominal pain during intercourse, and 20 percent-vaginal discharge). There is significant difference prevail among the regions, problem of burning sensation is highly reported in Central region (16 percent) and it is lowest in Southern region (7 percent). But the problem of pain in lower abdomen during intercourse has been found to be prevailing in Northern region and lowest in Southern region, the respective figure are 14 percent and 6 percent. Highest proportion of females those who have reported the problem of vaginal discharge comes from Central region. About 27 percent females from Central region have reported that they have faced the problems with vaginal discharge during last three months preceding the survey while only 15 percent female from Northeast region having this problem.

The nature of discharge:

The females who have reported a problem of vaginal discharge have further asked a series of question. Women were asked, had lower abdominal pain with discharge, had fever with discharge and then about the nature of discharge, whether discharge was like mucid non-foul smelling, small in amount, present only certain days, and thick curdy white, and thin dirty white foul smelling, and thick grey white foul smelling. Another questions were, with vaginal discharge did you get itching or ulcer on both the sides of vaginal area, did you have sever lower abdominal pain, and had fever with the discharge.

Table 10 presented the percent distribution of all types of nature of discharge and problem with vaginal discharge by background characteristics of women. About 42 percent females have reported that they have/had lower abdominal pain with discharge (Var 1), 23 percent reported fever with discharge (Var 2), about 31 percent of females those who have reported they have/had mucid non foul smelling discharge (Var 3), while one third females have reported they have/had

thick curdy white discharge (Var 4), 27 percent have reported dirty white foul smelling (Var 5) and 8 percent females said that their vaginal discharge was thick grey white foul smelling (Var 6). And about 23 percent women reported itching with vaginal discharge (Var 7), two percent and six percent of women have mentioned ulcer (Var 8) and itching and ulcer both with discharge (Var 9) respectively, while a large proportion of women (69 percent) mentioned that they had not any problem like itching or ulcer with discharge (Var 10).

Percentage of lower abdominal pain and fever with discharge by background characteristic of women shows in table 10. Lower abdominal pain and fever with discharge are more common among rural women, schedule caste and schedule tribe (SC/ST) women, Muslim women, and household with low standard of living, and among non-literate women. Demographic indicator shows that lower abdominal pain and fever with discharge are more common in by age at last ends (age 30-39 and age 40-44). There is significant variation found that lower abdominal pain and fever with discharge with age at first cohabitation. These problems are more common with first cohabitation at early age. At the age of less than 15 years and 15-19 years, forty seven and forty two percent women have reported they have/had lower abdominal pain and twenty eight and twenty two percent women reported about fever with discharge. The result shows women these problems are more common among women who have ever had four or more birth and prevalence is also relatively high among women with no birth. By region, lower abdominal pain with discharge is more common in Northeast region (49 percent) to women among Southern region (34 percent), and fever with discharge reported more among women who reside Western region (31 percent) to lowest among women reside in Northern region (11 percent).

Percent distribution of Var3 (mucid non-foul smelling, small in amount, present only certain days), Var4 (Thick curdy white discharge), Var5 (Thin dirty white discharge with foul smelling), and Var6 (Thick grey white discharge with foul smelling) by background characteristics of women is also presented in table 10. Mucid non-foul smelling, with vaginal discharge (38 percent) is more common among urban women, and thick curdy white discharge (34 percent), thin dirty white foul smelling (28 percent) and thick grey foul smelling (8 percent) with vaginal discharge is more common among rural women. Among SC/ST women thin dirty white foul smelling is reported more as compare to other three problems that has been reported more among other caste category women. By religion, mucid non-foul smelling, with vaginal discharge (35 percent), and thin dirty white smelling (28 percent) has reported more among other religion women, and thick curdy white discharge (34 percent), and thick grey foul smelling (Nine- percent) has reported more among Muslim women, and mucid non-foul smelling, with vaginal discharge is more common among women who have household of high standard of living (36 percent), and among high educated women (40 percent), and thick curdy white discharge is reported among women with low standard of living and non-literate women (Thirty four percent each), and thin dirty white foul smelling is reported 28 percent 30 percent by women with low standard of living and non-literate women respectively, and thick grey foul smelling is more common among women with low standard of living and non-literate women (8 percent each). Among women of age 15-19, mucid non-foul smelling (32 percent), and other three problems are more common among women age 40-44 years. The pattern of distribution of all four types of problems are same as by age at first cohabitation, about 45 percent women among age 25+ years reported frequently that they had discharge like mucid non-foul smelling, and remaining three problems are more common among less than 15 years of women. These problems do not show

consistent result with children ever born but and it shows much variation between the regions. About 61 percent women from Southern region, 38 percent from Eastern region, 44 percent from Northern region, and 14 percent from Central region has reported mucid non-foul smelling, small in amount, present only certain days, thick curdy white discharge, thin dirty white discharge with foul smelling, and thick grey white discharge with foul smelling respectively.

Percent distribution of Var7 (Itching with vaginal discharge), Var8 (ulcers with discharge), Var9 (itching and ulcers with vaginal discharge), and Var10 (no itching and ulcer with vaginal discharge) by background characteristics of women is presented in table 10 too. Itching (twenty four percent), and ulcer with itching (six percent) is more common among rural women with compare to urban women, while reporting of ulcer is slightly more among urban women. Among SC/ST women Itching (twenty five percent), and ulcer with itching (six percent), and ulcer and itching both (2 percent) is reported more as compare to other caste category women. By religion, itching (31 percent) is more common among other religion, and ulcer, and ulcer and itching is reported more by Muslim women. Women with low standard of living and among non-educated women, itching is most frequently mentioned. Among women of age 15-19, reporting of itching and ulcer both (5.8 percent) is high and in the other hand itching (25 percent) and ulcer (2.4 percent) are frequently mentioned among women of age 40-44 year. Problems like itching (27 percent) and ulcer (3.3 percent) has frequently reported among women who has experience of her first cohabitation at the age of 25 or more, and itching and ulcer both (seven percent) is reported high among women of age of first cohabitation is less than 15 year. And this type of problem reported more among women who have ever had four or more birth. About 33, 4.5 and about 10 percent females from Northeast region have reported problem of itching, ulcer and both ulcer and itching respectively, and lowest proportions of females from the Southern region have reported all these problems, where more than three-fourth female have said that they have not experienced any itching or ulcer around vaginal area with vaginal discharge.

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Table: 1 Percentage of female and male who were aware of reproductive tract infection (RTI) and sexuality transmitted infection (STI) by some selected background characteristic, India

Background characteristic	Female			Male		
	RTI	STI	N	RTI	STI	N
Place of Residence*						
Rural	48.3	26.3	194128	27.1	22.9	124061
Urban	56.8	39.4	48293	30.2	30.3	29310
Caste*						
SC/ST	39.3	22.7	81159	24.0	20.9	51723
Other	55.7	32.0	157458	29.8	26.1	99307
Religion*						
Hindu	53.5	30.3	183019	29.3	24.8	116949
Muslim	47.9	28.1	29568	23.9	21.2	18262
Other	30.5	20.7	29801	21.5	24.5	18155
Standard of living index*						
Low	45.4	23.7	148342	23.5	19.1	94014
Medium	54.7	34.1	75444	32.7	30.5	47642
High	68.2	48.9	18635	41.4	40.8	11715
Education of women						
Non-literate	46.4	22.7	140487			
0-9@ years	50.6	31.3	68452			
10 years and above	63.8	49.5	33829			
Education of husband						
Non-literate	42.9	21.0	78585			
0-9@ years	48.5	27.4	84456			
10 years and above	58.7	38.3	79717			
Age of the women						
15-19	45.3	22.3	17282			
20-29	50.5	29.0	97573			
30-39	50.8	30.0	90427			
40-44	49.1	29.2	37476			
Region						
South	46.3	39.4	39130	16.4	22.3	24480
North	59.2	27.5	44431	46.4	35.8	27274
Central	47.1	25.7	56880	21.6	14.5	39071
East	67.8	34.1	48685	34.1	30.4	30648
West	47.7	25.9	22502	26.9	23.7	14922
North-east	20.8	17.4	31130	17.5	21.0	16976
Total	50.0	28.9	242758	24.3	27.7	153371

@ Literate persons with no years of schooling are also included here

*Total figure may not add to N due to missing cases

Table:2 Knowledge about source of information about reproductive tract infection by some selected background characteristics among females and males , India

Background characteristic	Electronic media		Print media		Doctor		Health wroker		Relative / friend		Other	
	F	M	F	M	F	M	F	M	F	M	F	M
Place of Residence												
Rural	7.8	14.7	5.2	21.0	4.7	13.0	2.8	4.4	87.1	73.4	17.2	15.8
Urban	16.3	23.3	15.6	38.2	7.0	14.2	2.6	3.3	80.8	66.0	12.6	12.7
Caste												
SC/ST	7.5	13.9	5.0	18.1	4.8	11.8	2.9	4.5	86.6	74.1	17.3	16.1
Other	10.3	17.3	8.3	27.1	5.4	13.9	2.7	4.1	85.5	70.9	15.9	14.8
Religion												
Hindu	9.5	15.7	7.0	24.8	5.1	16.5	2.6	4.2	86.0	71.8	16.8	15.6
Muslim	8.8	18.4	8.2	21.9	4.9	12.9	2.4	3.7	85.8	74.1	13.7	12.4
Other	14.0	20.9	12.4	25.1	6.9	13.2	4.1	4.3	81.4	69.5	13.6	14.2
Standard of living index												
Low	5.5	11.7	2.5	14.1	4.0	11.4	2.5	4.1	89.5	77.2	16.3	15.0
Medium	14.0	20.7	11.1	32.8	5.9	14.2	3.0	4.2	82.1	67.7	16.1	15.4
High	18.5	24.8	23.1	46.0	9.3	18.3	3.2	4.5	77.1	60.4	15.4	14.9
Education of women												
Non-literate	4.3		0.7		3.4		1.9		89.3		18.0	
0-9@ years	11.7		7.0		5.7		3.2		86.4		13.9	
10 years and above	23.1		29.5		9.8		4.6		73.7		14.5	
Education of husband												
Non-literate	4.6		0.9		3.4		2.0		89.7		16.6	
0-9@ years	8.8		4.7		4.4		2.6		87.3		15.9	
10 years and above	14.3		15.0		7.2		3.4		81.4		16.1	
Age of the women												
15-19	6.7		5.0		3.2				88.4		15.2	
20-29	10.1		8.4		5.0		1.8		85.4		16.1	
30-39	10.1		7.6		5.6		2.8		85.2		16.3	
40-44	9.3		6.6		5.2		2.9		86.2		16.5	
Region												
South	34.1	47.6	20.4	49.5	7.6	11.8	4.7	4.6	74.3	68.3	5.9	11.9
North	3.1	9.7	5.3	28.1	3.3	10.9	1.6	3.9	81.8	69.1	33.2	23.2
Central	5.9	14.2	3.9	17.4	5.8	20.7	1.9	6.2	90.2	72.1	9.9	14.4
East	4.9	8.9	3.7	13.8	4.3	11.5	1.1	1.8	93.0	81.1	14.3	7.3
West	3.3	18.3	7.1	27.8	5.4	13.3	5.9	3.5	81.3	60.9	17.4	18.5
North-east	20.1	34.3	16.8	29.5	7.9	10.5	8.4	8.4	84.5	69.7	9.3	10.1
Total	9.7	16.5	7.6	24.6	5.2	13.2	2.7	4.2	85.7	71.8	16.1	15.1

@ Literate persons with no years of schooling are also included here

Table:3 Knowledge about sources of information of sexually transmitted infection (STI) by some selected background characteristics among female and male, India

Background characteristic	Electronic media		Print media		Doctor		Health workers		Relative / friend		Other	
	F	M	F	M	F	M	F	M	F	M	F	M
Place of Residence												
Rural	16.3	21.2	10.5	29.3	5.2	13.2	3.9	5.0	83.1	69.4	13.1	15.6
Urban	31.3	32.9	27.1	49.2	7.5	15.0	3.2	3.6	71.6	60.5	9.0	12.8
Caste												
SC/ST	16.5	21.2	11.1	27.0	5.7	11.8	4.5	5.6	82.4	71.0	13.2	16.2
Other	21.2	24.7	16.1	36.7	5.9	14.4	3.4	4.2	79.3	65.9	11.7	14.6
Religion												
Hindu	19.9	23.6	13.9	34.9	5.8	13.4	3.4	4.4	80.6	66.5	12.1	15.2
Muslim	16.1	23.4	13.7	29.4	5.0	14.1	3.2	4.4	81.7	69.6	9.9	13.3
Other	29.1	27.4	26.5	32.4	7.8	14.6	6.9	6.6	71.3	70.3	13.4	14.5
Standard of living index												
Low	11.3	17.2	5.6	21.3	4.5	11.6	3.5	4.7	87.6	74.3	12.4	15.6
Medium	27.5	29.3	20.0	42.8	6.2	14.7	3.9	4.7	74.6	63.0	11.5	14.3
High	34.7	33.8	37.2	55.2	10.2	17.7	3.8	4.1	65.4	54.0	11.6	14.3
Education of women												
Non-literate	8.4		1.2		3.8		2.5		89.0		12.5	
0-9@ years	23.3		12.9		5.5		4.2		80.7		11.3	
10 years and above	39.2		44.0		10.1		5.5		61.7		11.9	
Education of husband												
Non-literate	9.4		1.8		4.0		2.6		89.1		11.9	
0-9@ years	18.3		9.5		4.4		3.8		82.9		11.4	
10 years and above	27.7		26.3		8.0		4.3		72.9		12.5	
Age of the women												
15-19	16.1		11.3		4.1		2.3		82.1		13.4	
20-29	21.3		16.5		6.0		3.7		79.1		11.9	
30-39	20.4		14.9		6.0		4.1		79.8		11.8	
40-44	18.8		12.5		5.8		3.5		81.5		12.0	
Region												
South	47.8	55.9	27.3	54.9	7.1	13.2	4.4	5.1	67.8	67.7	6.0	10.7
North	10.5	12.3	9.2	32.1	3.3	11.5	2.4	3.7	76.6	64.9	23.9	20.4
Central	9.2	23.3	6.0	29.6	6.4	21.0	1.9	6.4	88.8	57.8	7.4	19.1
East	9.4	12.3	9.0	20.7	4.7	13.3	1.8	2.4	89.0	77.6	12.0	10.4
West	15.5	24.7	21.3	44.0	5.1	11.8	6.8	3.0	73.4	59.8	11.9	12.8
North-east	32.3	38.4	29.1	39.3	10.9	10.6	12.1	11.2	77.1	68.6	14.6	13.9
Total	20.3	24.0	15.0	34.0	5.8	13.6	3.7	4.6	79.9	67.3	11.9	15.0

@ Literate persons with no years of schooling are also included here

Table:4 Knowledge about mode of transmission of reproductive tract infection by some selected background characteristics among female and male, India

Background characteristic	Homo-sexuality		Hetero-sexuality		Personal hygiene		Other		Do not know	
	F	M	F	M	F	M	F	M	F	M
Place of Residence										
Rural	2.3	5.3	11.8	29.4	22.9	29.0	12.5	12.9	58.9	41.3
Urban	3.5	7.3	20.2	42.0	29.5	35.5	10.6	12.2	49.1	29.3
Caste										
SC/ST	3.0	5.8	12.6	27.4	20.5	28.0	11.1	11.8	61.4	44.6
Other	2.4	5.7	13.8	33.7	25.9	31.5	12.6	13.3	55.0	36.3
Religion										
Hindu	2.5	5.2	13.1	31.1	24.6	30.8	13.0	13.0	56.1	39.1
Muslim	2.0	6.6	14.5	35.4	27.6	29.0	9.3	9.1	55.9	40.0
Other	4.4	9.6	18.6	37.3	17.6	27.9	6.7	15.0	64.2	34.8
Standard of living index										
Low	2.1	4.9	10.1	25.1	22.3	27.1	12.0	10.9	60.5	46.2
Medium	2.7	6.1	17.1	38.4	25.0	31.9	12.2	14.7	54.0	32.6
High	4.8	8.5	21.8	43.6	33.8	40.0	12.1	14.9	45.6	25.2
Education of women										
Non-literate	1.3		7.8		19.8		13.0		63.1	
0-9@ years	2.9		15.4		24.9		11.4		55.7	
10 years and above	5.9		28.8		37.4		10.5		39.0	
Education of husband										
Non-literate	1.5		8.8		18.8		11.4		64.6	
0-9@ years	2.2		12.8		22.1		12.0		59.3	
10 years and above	3.7		18.0		30.5		12.6		48.7	
Age of the women										
15-19	1.5		9.6		20.8		9.9		64.3	
20-29	2.7		14.1		25.0		11.6		56.3	
30-39	2.7		14.1		24.8		12.7		55.6	
40-44	2.5		13.5		23.5		12.8		57.1	
Region										
South	2.6	8.3	39.4	77.4	27.9	30.1	3.3	2.1	40.1	12.4
North	0.6	2.7	6.0	27.5	9.4	25.9	19.2	25.2	70.6	37.4
Central	1.7	4.9	6.0	27.4	35.9	39.2	13.4	12.3	49.7	36.2
East	2.6	4.9	9.5	19.7	21.4	19.9	9.4	4.9	64.5	59.5
West	2.2	4.6	10.6	32.7	27.6	43.2	20.6	11.8	48.6	25.5
North-east	14.9	22.1	31.3	46.3	38.4	43.8	1.6	4.5	49.2	32.5
Total	2.6	5.7	13.7	32.1	24.4	30.3	12.1	12.8	56.7	38.8

F: female, M: male

@ Literate persons with no years of schooling are also included here

Table:5 Knowledge about mode of transmission of sexually transmitted infection (STI) by some selected background characteristics among female and male, India

Background characteristic	Homo sexuality		Hetro sexuality		Mother to child		Blood transfusion		Other		Don't know	
	F	M	F	M	F	M	F	M	F	M	F	M
Place of Residence												
Rural	6.2	9.4	44.1	63.2	10.4	8.8	8.6	15.1	7.4	8.7	42.6	24.7
Urban	7.6	13.7	59.8	74.4	11.9	11.8	11.8	22.7	5.5	6.3	29.4	14.9
Caste												
SC/ST	7.9	11.1	44.4	61.9	10.6	9.0	9.7	15.8	6.8	8.1	43.6	25.8
Other	6.1	10.2	49.5	67.4	11.0	9.8	9.4	17.3	7.0	8.2	37.4	21.0
Religion												
Hindu	6.1	9.3	48.0	64.6	10.8	9.0	9.3	17.5	7.2	8.6	39.0	23.1
Muslim	5.1	11.9	42.3	63.6	10.5	11.7	7.0	12.6	4.7	5.2	46.9	27.3
Other	12.7	16.7	60.1	76.1	11.2	11.3	14.0	17.0	6.5	7.5	28.7	13.4
Standard of living index												
Low	5.6	8.4	39.4	58.3	9.8	8.0	6.9	13.1	6.9	7.5	47.8	29.6
Medium	6.7	11.7	55.4	71.7	11.1	10.3	10.8	19.1	6.8	8.8	32.0	16.7
High	9.9	14.3	63.2	76.8	14.0	13.1	15.4	24.9	6.9	8.4	24.4	12.3
Education of Women												
Non-literate	4.1		35.9		9.1		4.8		7.9		50.4	
0-9@ years	6.6		51.9		10.4		10.1		6.2		36.4	
10 years and above	11.3		67.7		14.7		17.6		5.7		20.6	
Education of husband												
Non-literate	4.4		37.7		8.7		4.9		7.2		49.6	
0-9@ years	5.2		46.6		8.9		7.6		6.8		42.3	
10 years and above	8.8		55.5		13.4		13.4		6.7		30.8	
Age of the women												
15-19	5.1		41.7		9.1		7.8		5.7		47.2	
20-29	6.7		49.0		11.3		10.2		6.7		38.2	
30-39	6.7		49.1		10.7		9.3		7.1		38.1	
40-44	6.3		47.3		10.2		8.6		7.1		40.3	
Region												
South	4.6	10.0	83.2	91.5	7.4	13.6	11.0	28.4	1.0	1.9	13.0	4.2
North	1.7	5.3	35.0	59.9	3.1	3.0	6.4	18.3	14.3	15.8	47.7	22.1
Central	4.7	12.7	24.0	59.4	23.8	23.6	8.3	12.7	9.8	8.3	48.4	22.2
East	6.6	6.6	37.7	54.7	6.0	1.7	7.6	10.4	4.6	6.2	54.6	37.1
West	8.0	11.5	66.4	78.6	3.5	3.6	5.5	9.0	9.9	6.7	25.5	13.9
North-east	26.6	30.3	58.8	70.4	25.4	25.8	25.1	27.2	2.5	2.8	34.4	22.4
Total	6.6	10.5	48.4	65.9	10.8	9.6	9.5	16.9	6.9	8.1	39.0	22.4

@ Literate persons with no years of schooling are also included here

Table: 6 Percentage of female and male about perception about curability of RTI and STI by some selected background characteristics, India

Background characteristic	Reproductive tract infection		Sexually transmitted infection	
	Female	Male	Female	Male
Place of Residence				
Rural	72.6	81.3	68.4	78.8
Urban	77.5	84.3	71.2	80.7
Caste				
SC/ST	72.2	79.9	67.6	73.0
Other	74.5	82.9	70.0	69.9
Religion				
Hindu	73.8	82.1	69.5	79.4
Muslim	72.8	81.1	68.1	77.9
Other	74.1	81.2	67.5	79.9
Standard of living index				
Low	71.6	79.3	67.6	76.9
Medium	74.5	83.8	69.1	80.4
High	82.1	87.7	75.4	84.9
Education of women	71.0		68.3	
Non-literate	74.1		67.6	
0-9@ years	81.3		72.8	
10 years and above				
Education of husband	70.0		66.7	
Non-literate	72.2		67.1	
0-9@ years	77.7		72.1	
10 years and above				
Age of the women				
15-19	70.9		69.0	
20-29	73.6		69.3	
30-39	74.2		69.3	
40-44	73.8		68.7	
Region				
South	74.9	79.6	62.6	72.6
North	65.2	85.0	64.1	85.6
Central	80.9	82.7	80.5	82.2
East	73.8	80.4	72.8	81.6
West	79.1	86.2	73.2	76.2
North-east	65.3	69.3	53.5	64.6
Total	73.7	81.9	69.2	79.3

@ Literate persons with no years of schooling are also included here

Table: 7 Prevalence of RTI (self reported symptoms) among female and male

Percentage of respondents having any RTI problems and sought treatment for their problem by some selected background characteristics, India

Background characteristic	Any RTI problem		Sought treatment	
	Female	Male	Female	Male
Place of Residence				
Rural	30.1	12.1	33.6	56.8
Urban	26.5	9.4	43.4	63.1
Caste				
SC/ST	27.4	12.3	31.8	54.6
Other	30.4	11.3	36.9	59.6
Religion				
Hindu	29.8	11.9	34.5	57.9
Muslim	33.8	13.0	39.3	60.0
Other	21.8	8.4	36.6	53.1
Standard of living index				
Low	30.9	13.5	31.1	55.1
Medium	27.7	8.9	41.8	63.3
High	23.4	7.5	49.2	69.8
Education of women				
Non-literate	31.2		31.1	
0-9@ years	28.9		39.9	
10 years and above	22.4		48.0	
Age of the women				
15-19	30.7		24.0	
20-29	31.1		33.8	
30-39	29.6		38.4	
40-44	23.4		38.4	
Age at first cohabitation				
Less than 15 years	33.8		33.1	
15-19	30.4		34.8	
20-24	23.6		39.8	
25 years and more	18.5		43.2	
Children ever born				
No children	30.6		32.7	
1	27.4		33.6	
2	27.1		36.8	
3	28.7		37.7	
4+	31.2			
Region				
South	22.8	5.7	44.6	63.0
North	32.6	6.8	29.4	60.3
Central	35.2	15.4	36.0	60.1
East	29.2	15.6	33.0	55.7
West	26.6	12.4	40.9	61.0
North-east	24.4	11.3	34.1	46.3
Total	29.3	11.6	35.4	57.8
	N=242758 n=71230	N=153371 n=17800	N=71230 n=25193	N=17800 n=10284

Table: 8 Percentage of men who reported different type of reproductive health problem by some selected background characteristics, India

Background characteristic	Any discharge from penis	Any sore on genital or anal area	Positive blood test for syphilis	Difficulty/ pain while urinating or very frequent urination	Swelling of testis or in groin area (penis)
Place of residence					
Rural	4.5	2.5	0.7	7.0	2.3
Urban	3.0	1.9	1.1	4.7	1.8
Caste					
SC/ST	4.3	2.5	0.9	7.2	2.2
Other	4.2	2.3	0.7	6.2	2.2
Religion					
Hindu	4.4	2.5	0.8	6.5	2.2
Muslim	5.5	2.8	0.9	7.7	2.6
Other	2.1	1.3	0.8	5.3	1.4
Standard of living index					
Low	5.1	2.7	0.8	7.8	2.6
Medium	3.1	1.8	0.7	4.7	1.6
High	1.9	1.7	0.7	3.7	1.3
Region					
South	1.5	0.7	0.2	3.1	1.5
North	2.6	1.9	0.5	3.6	0.7
Central	4.3	4.0	0.7	9.0	3.5
East	8.5	2.5	0.6	8.4	2.9
West	4.1	2.5	3.0	7.0	1.5
North-East	4.1	1.6	1.0	6.9	2.0
Total	4.2	2.4	0.8	6.6	2.2

Table: 9 Percentage of women who reported reproductive health problem in last three month prior to survey by some selected background characteristics, India

Background characteristic	Type of reproductive health problems		
	Burning Sensation/pain while urinating	Lower abdomen pain during Intercourse	Vaginal Discharge
Place of Residence			
Rural	13.8	11.5	21.8
Urban	10.8	9.5	19.0
Caste			
SC/ST	13.1	11.0	19.2
Other	13.3	11.1	22.3
Religion			
Hindu	13.1	11.2	22.0
Muslim	16.7	13.5	24.5
Other	10.4	8.1	13.4
Standard of living index			
Low	14.7	11.9	22.4
Medium	11.3	10.3	20.1
High	9.4	7.8	16.2
Education of women			
Non-literate	14.7	11.9	23.2
0-9@ years	12.5	10.9	20.1
10 years and above	8.6	8.0	15.2
Age of the women			
15-19	12.8	15.1	20.0
20-29	13.6	12.4	22.5
30-39	13.5	10.6	22.0
40-44	11.9	7.3	16.5
Age at first cohabitation			
Less than 15 years	16.0	13.2	24.8
15-19	13.8	11.4	22.1
20-24	9.8	8.8	16.2
25+	7.6	6.6	12.0
Children ever born			
No children	13.4	15.5	19.7
1	11.7	10.7	18.9
2	11.4	9.8	19.6
3	12.3	10.6	21.2
4+	15.2	11.0	23.3
Region			
South	6.9	6.1	18.6
North	13.7	14.0	25.2
Central	16.3	12.9	26.6
East	14.3	11.6	19.2
West	11.7	11.4	16.9
North-east	14.2	9.0	15.3
Total	13.2	11.1	21.2

@ Literate persons with no years of schooling are also included here

Table: 10 Percentage of women who reported different type of reproductive health problems by background characteristics, India

Background characteristic	Var1	Var2	Var3	Var4	Var5	Var6	Var7	Var8	Var9	Var10
Place of Residence										
Rural	42.6	23.3	29.9	33.8	28.2	8.2	23.7	2.2	5.9	68.2
Urban	38.4	19.5	37.6	31.2	23.7	7.4	21.5	2.3	4.6	71.6
Caste										
SC/ST	45.2	24.3	30.4	32.4	29.4	7.8	25.1	2.4	6.4	66.0
Other	40.3	21.8	31.5	33.7	26.7	8.1	22.5	2.1	5.3	70.1
Religion										
Hindu	40.6	21.6	30.9	33.6	27.7	7.8	22.2	2.0	5.3	70.4
Muslim	46.6	30.1	31.4	33.7	25.4	9.5	25.2	2.9	7.1	64.8
Other	46.1	20.0	34.9	30.2	27.8	7.2	30.8	2.8	6.7	59.5
Standard of living index										
Low	43.9	25.2	30.4	33.7	27.6	8.4	23.8	2.2	6.3	67.6
Medium	39.1	18.7	32.4	33.3	27.0	7.3	22.5	2.2	4.6	70.7
High	33.1	13.5	35.5	29.5	27.4	7.6	22.1	2.2	3.9	71.8
Education of women										
Non-literate	43.9	24.7	28.0	34.1	29.5	8.5	23.6	2.0	5.7	68.6
0-9@ years	40.2	20.7	35.9	32.2	24.6	7.3	23.4	2.6	6.0	68.0
10 years and above	33.4	14.6	39.5	31.6	21.8	7.1	21.6	2.6	4.1	71.5
Age of the women										
15-19	41.1	19.6	32.3	33.1	27.2	7.5	19.7	1.8	5.8	72.7
20-29	41.2	21.5	31.8	33.4	26.8	8.1	22.6	2.2	5.7	69.5
30-39	42.5	24.0	31.0	33.2	27.7	8.0	24.1	2.3	5.7	67.9
40-44	42.4	24.1	29.6	33.6	28.6	8.2	25.4	2.4	5.2	67.0
Age of first cohabitation										
Less than 15 years	46.6	28.4	29.0	33.6	28.2	9.3	22.4	2.0	7.2	68.4
15-19	41.6	22.4	30.5	33.9	27.8	7.9	23.4	2.2	5.4	69.0
20-24	37.7	17.1	36.6	30.6	25.6	7.3	24.1	2.4	4.7	68.8
25+	37.1	17.9	44.5	29.2	18.4	8.0	26.6	3.3	6.3	63.8
Children ever born										
No children	42.1	20.9	33.9	31.3	27.4	7.5	21.0	2.3	5.5	71.2
1	39.4	19.1	35.4	32.5	24.6	7.5	21.5	2.5	5.3	70.8
2	39.0	20.9	35.2	32.5	24.6	7.6	22.8	2.3	5.6	69.3
3	41.5	22.4	31.9	33.5	27.1	7.5	22.7	2.3	5.6	69.4
4+	43.9	25.0	27.4	34.3	29.6	8.7	24.9	2.1	5.8	67.1
Region										
South	34.4	18.4	60.7	30.3	6.6	2.4	17.5	3.4	3.8	75.4
North	37.2	11.4	11.8	37.3	43.8	7.0	24.7	1.0	3.0	71.4
Central	43.0	27.8	23.6	31.5	31.0	13.9	22.3	2.1	5.3	70.2
East	47.0	24.8	32.8	38.2	23.1	5.9	22.7	1.5	7.9	67.9
West	43.6	31.3	50.8	25.3	19.8	4.1	24.4	3.0	8.1	64.6
North-east	49.1	27.9	37.8	30.9	23.8	7.5	32.7	4.5	9.6	53.1
Total	41.8	22.6	31.3	33.3	27.4	8.0	23.3	2.2	5.6	68.8

Var1: Lower abdominal pain with discharge, Var2: Fever with discharge,
 Var3: Mucid non-foul smelling, small in amount, present only on certain days, Var4: Thick Curdy White, Var5: Thin Dirty White
 foul Smelling, Var6: Thick Grey White foul smelling
 Var7: Itching with vaginal discharge, Var8: Ulcers , Var9: Itching and ulcers both, Var10: No itching and ulcers with vaginal
 discharge

Table: 11 Percentage of female and male who reported any reproductive health problem and sought treatment by source of treatment by background characteristic, India.

Background characteristic	¹ Doctor		² ANM/Health worker/ Medical shop		³ Other		⁴ Traditional	⁵ No treatment	
	F	M	F	M	F	M	F	F	M
Place of Residence									
Rural	25.1	42.3	3.2	4.5	5.8	13.3	1.7	66.4	56.8
Urban	35.9	51.9	2.6	5.8	5.4	10.4	1.4	56.6	63.1
Caste									
SC/ST	23.1	40.0	3.1	4.7	6.0	13.0	1.5	68.2	54.6
Other	28.7	46.0	3.1	4.6	5.5	12.7	1.7	63.1	59.6
Religion									
Hindu	26.6	43.6	3.0	4.9	5.5	12.8	1.5	65.5	57.9
Muslim	30.2	46.8	3.0	4.0	6.1	13.6	2.7	60.7	60.0
Other	25.6	41.1	4.6	4.1	8.5	11.5	1.3	63.7	53.1
Standard of living index									
Low	22.3	40.2	3.0	4.7	6.1	13.6	1.7	68.9	55.1
Medium	34.3	51.6	3.3	4.5	4.9	11.1	1.6	58.2	63.3
High	41.7	58.0	2.9	6.4	4.9	10.1	1.5	50.8	69.9
Education of Women									
Non-literate	22.9		3.0		5.5		1.6	68.9	
0-9@ years	31.3		3.4		5.9		1.7	60.0	
10 years and above	39.8		3.2		5.9		1.4	52.0	
Region									
South	39.1	49.4	3.5	8.2	3.0	12.9	1.3	55.4	63.0
North	23.0	50.0	3.2	3.4	3.6	9.1	1.0	70.5	60.3
Central	28.2	45.0	2.7	5.7	4.4	13.1	1.9	64.0	60.1
East	22.0	38.3	3.4	3.7	9.7	17.6	1.9	67.0	55.7
West	35.1	52.9	2.6	3.5	3.3	5.4	1.0	59.1	61.0
North-east	20.5	34.5	3.4	4.1	10.4	5.4	2.5	65.9	46.3
Total	27.0	43.8	3.4	4.7	5.7	12.8	1.6	64.6	57.8

¹ Include government doctor and private doctor

² Include Male health worker and medical shop and chemist for male & Government and private ANM and medical shop and chemist for female

³ Include Self treatment and treated by relative and friends and any other reported by respondent

⁴ Include Traditional health practitioner and Dai for female only

⁵ Include who had reproductive health problem and do not sought treatment at all