Original Article

Common Reproductive and General Health Problems of Desert Women

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ABSTRACT

OBJECTIVES: To document Socio cultural and demographic profile of desert women and to document their reproductive , gynecological , general health problems and mode of transportation and utilization of Health services.

DESIGN: It descriptive cross sectional study.

SETTING: Mother and child health center Batangari Taluka Mithi District Tharparkar supported by Asia Foundation and Run by NGO with support of Asia Foundation.

METHODS: Survey of 129 women registered in MCH Batangari was interviewed through questionnaire and clinical examination was performed by lady doctor and findings were written on the questionnaire and data was analyzed.

RESULTS: The total 129 women interviewed only 1(0.08%) was unmarried and 128(99.02%) were married, the age range was between 11 to 50 years . age of menarche was 13 years age of marriage was earliest at 12 years and first pregnancy was reported in the teen age. The reproductive health problems were mainly UV prolapsed in 14(10.08%) Mass in abdomen in 12 (9.30%) women, Infertility in 14(10.80%) IUDS and missed abortion 1.55% while. Anemia was present in 15(11.9%) women while general health problem were back ache 12(9.30%) vertigo in 10(7.75%) While chest pain /cough (suspected TB) 12(9.30%) women. Weakness and nutritional problems were also mentioned.

CONCLUSION: The study concludes that desert women are facing multiple problems rooted in culture on one hand and lack of reproductive health care facilities as well availability of lady doctor or gynecologist on the other hand. The early age marriage, early menarche and teen pregnancies were found common problem leading to complex reproductive care needs for desert women. The uterus prolapsed was serious condition and needed surgical operation. Training of DAIS was also important area of attention. Lady Doctor and gynecologist are extremely shortage in Tharparkar Gynae camps should be held yearly in Tharparkar.

KEY WORDS: Tharparkar, MCH, Reproductive health.

INTRODUCTION

Desert community is concentrated in Tharparkar district, which got District status in province of Sindh on 31st October 1990 with new Headquarter at Mithi Town. The district lies between 24° to 45° North latitude and 68° to 71°-East longitude. It is bounded By Mirpurkhas and Umerkot district in the north, in the east by Barmir.

The total population as per 1998 Census is 914290 people with female population of 424432 with sex Ratio of 120 males for 100 females it is one of the worst ratio in Sindh. Population density is 46 per square kilometer only 4.4% population has urban facility like electricity, road, and hospital access and phone. The Study Taluka, Mithi has 112405 female population average households Size is 5.6 people. Mean age at marriage for female is19 years. District Literacy ratio is 18% but female literacy ratio is 6%. Out of total female Population 41. 23% are in reproductive age group of 15-49 years and 78.97% are currently married. Only 22% women above 18 years have Computerized National Identity Card (CNIC) available. District has 97 governments run facility with 2 Maternity and Child Welfare Centre .Out of four Taluka two has no lady Doctor (Chachro and Nagarparkar).

DATA OF THARPARKAR

Area:	**19638 Sq.K.M**
Population:	9,14,291
Female :	4,14,432
Male :	4,99,859
Poverty:	80%
Literacy Female/Male:	6 /29=18%
Climate Rainfall	100mm
Health Facilities	97
NGOs (Oldest And Largest Baanhn Beli)	75
House Hold size	5.6
Sex ratio	120 for 100 females

Lady doctors	4 (two Taluka No WMO)
Gynecologist	Nil

Cairo International Conference on Population and Development in 1994 broaden the scope from family planning (FP) services to reproductive health (RH) concern of women[1]

Reproductive health: It is defined as "a condition in which a reproductive process is accomplished in a state of complete mental and physical and social well being[2.] The general health is defined as "state of complete physical, mental and social well-being not merely the absence of disease or infirmity"[3]

The component of reproductive health includes, safe motherhood, fertility regulation, prevention and control of reproductive tract infection, sexually transmitted diseases STDS /HIV.AIDS, infertility, malignancies of reproductive organs, newborn care. The prevalence of diseases in females in developing countries reported these common reproductive and general health problems, maternal problems, 16%, Sexually transmitted diseases HIV/AIDS 14%, Tuberculosis 6%, other communicable diseases 8%, cardiovascular disorders16%, non communicable diseases 13%, malnutrition 5%, mental health problem11% and injuries 11%.[4]

The health related problem across the women life, gender violence, occupational, environmental and depression are lifelong health problems related to women. The reproductive age problems are unplanned pregnancy, STDs, abortion, pregnancy complication and malnutrition [6,7,8]

There are 1200 health facilities run by government in Sindh out of these 100 are MCH centers and 400 BHUs

The poverty is mother of all morbidities 71% poor are women and 54% users of health care facilities in Sindh are women [7], [8] the Millennium Development Goals set but UNO has envisaged reducing maternal mortality by three quarter between 1990 to 2015. And Pakistan is signatory to these goals. The data about state of women in Sindh showed in Tharparkar expected pregnancies are 52009 only 11% are registered for prenatal care and 3.3% deliveries are done under trained person 24.2% mothers are anemic [9]

Rationale: This study is focusing a very different geographical and socio cultural community living in primitive conditions where reproductive and women health services are inadequate. Lady doctors, gynecologists posts are vacant poverty and drought condition in the desert are hitting nutrition availability. Therefore study will provide basic health data and current burden of general health and gynecological problems in desert women.

Objectives:

1) To document socio cultural and demographic profile of desert women

2) To see frequency of age at first pregnancy and family planning acceptance

3) To diagnose acute, chronic, general and gynecological problems clinically

4) To ask mode of transportation and utilization of Health services

Materials and Subjects: The study is descriptive epidemiological done on women residing in Tharparkar Desert.

Setting: Mother and child health center Batangari Taluka Mithi District Tharparkar supported by Asia Foundation and Run by NGO with support of Asia Foundation

Duration: The period of study was from August 1st, 2004 t0 December 31st, 2004

Design: Cross-sectional and sample was selected from women who utilized the MCH services and were registered in the MCH centre record by lady doctor all child bearing age women or reported menarche cycle who gave consent to fill the questionnaire were included in the study

Data Collection Technique: The data was collected on the questionnaire specially designed for gathering information about gynecological reproductive and general health problem. Each women was interviewed and information was recorded and rechecked by seniour gynecologist or senior women medical officer . The clinical findings were the part of questionnaire and final clinical diagnosis was made by gynecologist in the camp. SPSS version 16 was used to analyze the data. Frequency and percentages were calculated.

Inclusion criteria: Women who presented with gynecological or obstetric problems and got registered to the center during fortnightly reproductive health service programmes provided under Asia Foundation supported project in which lady doctor was available for services .

Exclusion Criteria: Women of below menarche age with vague complaints were excluded.

As in the desert area the computer facility and statistical capacity was not available so the age table was developed as was recorded on the questionnaire.

RESULTS

Table I shows that total 129 women were included in the study having age between 11 years to 50 years. The marital status showed out of 129 women 128 (99.2%) were married and 1 (0.08%) were unmarried. Age of menarche in Tharparkar reported as early as in the age of 11-12 years and late menarche was reported at 17-18 years of age. Mean age of menarche

was 13 years.

Age at marriage .It was found that marriage took place in the age of 12 years and late marriage was reported in 30 years.

The age at 1st pregnancy. Earliest pregnancy was reported in 12-year age late pregnancy was reported 28 year of age.

Graph I Shows mode of transport used by the women coming to the camp. The reported taxi by 32 (24.60%), by foot 36(27.90%), Chakra by32 (24.80%), animal cart donkey /camel by 29(22.48%) women.

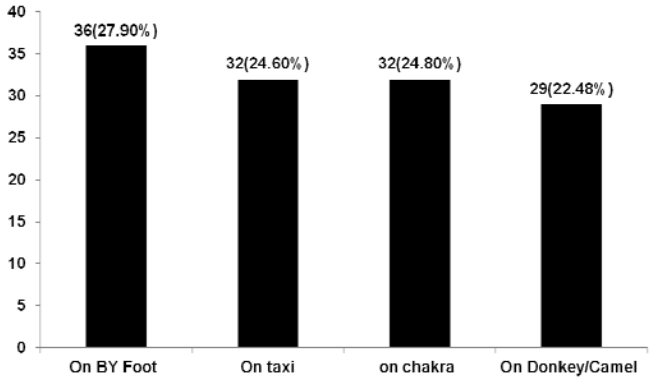
Graph II Describes the reproductive health problems, Include UV prolapsed in 14(10.08%) mass in abdomen in 12 (9.30%) women, Infertility in 14(10.80%), IUDs and missed abortion 1.55% while. Anemia was present in 15(11.9%) women.

Table further, explains the general health problem also which were reported as back ache by 12(9.30%) vertigo by 10(7.75%) While chest pain /cough (suspected TB) 12(9.30%) women. and weakness and nutritional problems were mentioned by 15 (11.62%) women.

TABLE I: DEMOGRAPHIC DETAILS OF THE PATIENTS (n = 129)

	Mean±SD (Range)	n (%)
Age (in years)	13.24±1.96(11-17)	-
Age At Marriage	16.13±4.22(12-30)	-
AGE OF 1st pregnancy	17.78±3.63(12-27)	-
Marital Status		
Married		12(99.2%)
Unmarried		01(0.8%)

GRAPH I: MODE OF ARRIVAL (n = 129)

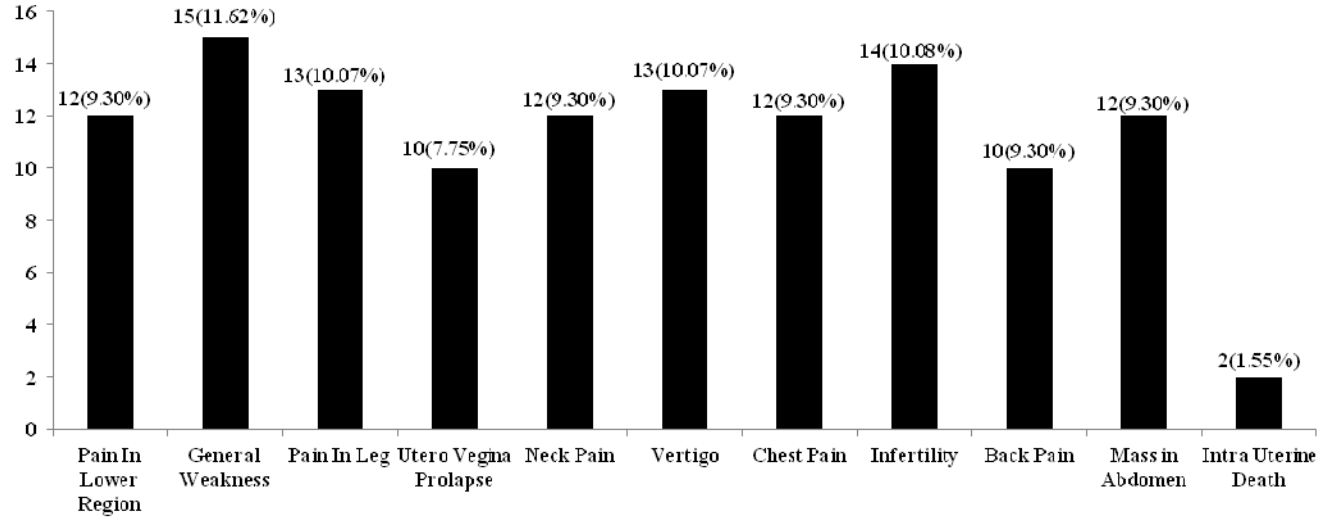


DISCUSSION

The study has shown that the desert community women are facing three kinds of problems. Social problems, which include indigenous community culture of keeping women, deprived from education, economic autonomy and primary health care facilities. Child age marriage, teen pregnancy, and early menarche are few to mention. Coming to the reproductive health problems, utero-vaginal Prolepses/ fistulae, menorrahagia, mass in abdomen probably fibroids, infertility, missed abortion and intra uterine death, still births were common.

Rajistan state the largest state of India, has desert same as Tharparkar. A study conducted at mother and child centre (Mata Jai Kaur MCH Centre) at Gangasar desert of Rajistan showed that only 13% women had adequate health care facility and Maternal Mortality rate (MMR) is 388 per 100,000 deliveries and sex ratio 139 girls for 1000 boys, having identical reproductive and general health problems as found in our study(10).

GRAPH II: HEALTH PROBLEM NUMBER (n = 129)



[prominenthomescharity.com). Another study by Qureshi N and ShaikBT near Rawalpindi Pakistan in 2004, main problems as indentified Vaginal Discharge, Menstrual problem lack of facilities lack of privacy and male medical examinar reluctance poverty were mentioned as women health problem in Pakistan almost same finding like infertility(menstrual problem) mass in abdomen and weakness Dead child birth are some of similar condition(11). Annual report of Society of Obstetrician and Gynecologist of Pakistan (SOGP) for 2009 showed that in Pakistan 80% deliveries has unskilled attendants i.e. Traditional Birth Attendants TBAs) 30000 women die in deliveries and 375000 suffer from complication it further says three women die per hour because of pregnancy associated complications/ lack of reproductive services among worst sufferer are poor, powerless and pregnant. (12) In a study of Kenya by Hodgkin distance from nearest maternity bed was important characteristic to select delivery location 1 km distance of maternity bed reduces 3.4% choice of choosing delivery facility. TBAs are preferred due to low cost of services facility cost is 28% higher than TBA In Tanzania women do not use facility if it is outside the village. Arab desert Beduin women are served by mobile health teams and free medical camps for women are useful in India Some of Desert facilities established in Arizona in 9121 in donated house with six beds are now tertiary care hospitals and Gynae problems are dealt with minimal invasive surgery and short recovery period .In Kenya 11% unmarried used services in our study 0.8% used services TT vaccine is reported given to 1% women of child bearing age it is one of the underutilized service in most of desert programmes for women health. Same is observed in our study (13) there are studies from Algerian Desert which report poor living condition, extreme whether pose health challenges 80% birth arise at home women face high level of anemia, epilepsy and malnutrition (weakness) they say “we do not have equipment, enough medicine and enough doctors”(14) there is desert Medicine research centre in Jodhpur which shows only 33% pregnant women receive Iron Folic supplement and 50% deliveries end in complication and TT is received by 10% women(15). [Academic research journal.com[American Journal of Mathematics and Medical Sciences Vol 1 No 1 2012 pp 1-7(AnsariA ,Ak Dixit)Reproductive Health Care in Rajistan-A situation Analysis under All India Medical Institute ,Centre of Community Medicine New Dehli by Rai et all published in Indian Journal of Public Health 2011 (20)(21)

CONCLUSION

There is shortage of Lady doctors and gynecologist and obstetricians because early menarche and early marriage age has increased span of pregnancy and multiple infections and chronic problem which include mass ,infertility intra uterine death Utero Vaginal prolapsed weakness to improve above services Non Governmental Organizations and Provincial Health Department should joined hands and more health care facilities with lady doctor and gynecologist accessibility be provided so that life and health of desert women may be made diseases free safe motherhood is ensured and community participation like Batagari MCH centre model is replicated

RECOMMENDATIONS

1. Gynae and Obs problems are same in the other areas of Sindh, but shortage of lady doctor/ Gynecology is extremely shortage in Tharparkar.
2. Gynae Camps be held regularly Nutrition support general health care and literacy health program should be part of reproductive health care programs in Thar.
3. T.B. A should be trained in Tharparkar.
4. Refresher training's be held for old TBAs.
5. Nursing LHW, WFO program should be strengthened.

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