

Reproductive Morbidity of Women in Karnataka: Evidence from National Family Health Survey² and Reproductive and Child Health Survey 1998 99

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The main objective of this study was to highlight the extent of reproductive health problems, the factors responsible for increasing RTI cases and to suggest appropriate strategies. Five types of obstetric problems and seven types of gynaecological problems were listed in the National Family Health Survey 1998-99 (NFHS-2). Over two-third of the women reported at least one obstetric morbidity and nearly one-third reported at least one gynaecological morbidity. More women in urban areas had reported obstetric morbidity whereas more women from rural areas reported gynaecological morbidity. Educated women, women who were engaged in other activities and scheduled caste and scheduled tribe women reported that they are suffering from obstetric problems. Women who did not have toilet facilities at home and women who lived in semi-pucca houses reported gynaecological problems. There is a relationship between age at first delivery or “child birth” and the reproductive morbidity of women. Reproductive morbidity due to abortion has high among rural women. The data have brought out that only a few women sought treatment to this gynaecological problem. Lack of education had contributed to their poor understanding of the problems and access to treatment. This needs to be remedied.