

1B.4. Prevalence of Reproductive Morbidities among a Group of Young Sikkimese Girls in India

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Background/Significance: Occurrence of reproductive morbidities is a traumatic event of young people's life. It not only affects their normal reproductive maturation and functioning but also challenges their overall physical, social and psychological development. During past two decades, the issue of adolescent reproductive health received utmost priority both in research as well as government policies in the entire South Asian region. Reproductive ailments often cause physical discomfort and affect economic productivity as well. In India, adolescents constitute one fifth of the total population but never remained main focus of government policies and programmes. They generally remain uninformed about several 'first time events' that happen in this 'second decade' of life. Young Indian girls remain in more disadvantageous situation within the social structure having gender bias in terms of nutrition, education, and access to health care facilities. Physiologically and socially young girls remain more vulnerable towards reproductive morbidities than older women due to inadequate physical maturity and poor decision making capabilities. Phenomenon of disease development, its resilience and treatment seeking behavior is largely governed by socioeconomic and demographic characteristics of a population. Therefore, importance of these factors enhanced manifold among this unprivileged group of the society.

Main Question/Hypothesis: Information on prevalence of reproductive morbidities and health care utilization practices among adolescents in India are scanty and patchy. Limited available literature on the issue unequivocally indicates about heavy burden of morbidities and poor care seeking practices. There is serious dearth of baseline information in this regard, since studies among youths are based on school students which may not portray wide socioeconomic spectrum of young people, at large. Present study investigates the prevalence of reproductive morbidities and its socioeconomic and demographic correlates among both married and unmarried girls of Sikkim, a mountainous state of India. Further, it aims to address socioeconomic correlates of treatment seeking behavior for reproductive morbidities.

Methodology: The study is based on young girls of Sikkim, a small north eastern state of India. The geography of Sikkim is mountainous, crosscut by two major ridges of the Himalayas. Sikkim consists of four districts and the capital city of Gangtok is located in the East district of the state. Sikkim is characterized by difficult physiographic settings, rapid urbanization, promotion of tourism and speedy cultural transformation. The population of Sikkim is composed of different ethnic groups like the Lepchas, the Bhutias and the Nepalese. The study population includes 1250 girls aged 14 to 21 years. Participants were selected from both urban and rural blocks of all the four districts of the state. Two stage sampling has been done. Blocks were chosen randomly from each district at the first stage. All married and unmarried girls aged 14 to 21 years were enlisted. In the second stage, study participants were selected from the list, in proportion to their number in a particular block. Information about socioeconomic and demographic characteristics, prevailing reproductive morbidities following syndromic approach of WHO, and care seeking practices were collected through interviewer administered questionnaires. Reported morbidities were grouped into three main categories i.e. menstrual problems, infectious and nutritional morbidities. Data collection was done during years 2005 to 2006. Multivariate analyses have been done.

Findings: Results of the study indicates high incidence of morbidities among both married and unmarried girls. Elevated odds ratios were found for higher age groups. Unmarried girls were found to be two times more likely to suffer from menstrual problems than married ones. Urban girls are significantly less likely to be morbid than their rural counterpart. Among married girls, use of intrauterine device and parity has direct relationship with occurrence of infectious morbidities. Educational attainment, place of residence and media exposure emerged as significant correlates of treatment seeking practices among both married and unmarried girls.

Knowledge Contribution: As per human resource index Sikkim stands for ahead of several other states of India which signify improved health care provisions. On the contrary, results of present study indicate deplorable situation of this underprivileged group, particularly in rural settings, emphasizing urgent address from health policy planners. Study reinforces an indirect and mediatory role of socioeconomic and demographic factors. Reorientation of existing professional clinical care is needed to address the needs of young people. Facilities in rural settings have to be beef up and interaction between health professionals and youths is required to be enhanced. Results of the study can be used as baseline information in this regard. Strategic use of media for generating awareness, and use of social institutions such as school may be effective for providing counseling on such culturally sensitive aspects.