

Conference on
Reproductive Morbidity and Treatment-seeking Behaviour in India
The role of demographic, socio-economic, and cultural correlates

Announcement

Institute of Development Studies Kolkata (IDSK) is planning to hold a conference on **15-16 December 2011** on *Reproductive Morbidity and Treatment-Seeking Behaviour in India: the Role of Demographic, Socio-economic and Cultural Correlates* (Concept note is appended below).

Researchers working in the relevant field are invited to submit abstracts not exceeding 500 words by **July 30, 2011** to idskseminar2011@gmail.com. Those whose abstracts will be accepted will be informed by August 30. Full paper will have to be submitted by October 30. The publication of the papers in a book form will also be planned. IDSK will look after the local hospitality and travel cost of the participants.

Concept Note

Reproductive morbidity refers to all types of gynaecological and obstetric morbidities during and outside the childbearing period. According to the estimates of the World Health Organization (WHO), sexual and reproductive health problems accounted for 18 percent of the total global burden of diseases in 2001 and 32 percent of the burden among women in the childbearing age group worldwide. According to WHO estimates the burden of reproductive illness was the highest in India (12.5 percent of the total).

Studies from developing countries including India have reported that more than half of the women had reproductive illness including reproductive tract infections (RTIs), uterine prolapse, menstrual problems, abnormal vaginal discharge and problems related to infertility. Various studies conducted in different regions of India and in other developing countries have also reported the high prevalence of obstetric morbidities such as edema, fits and convulsions, hypertension, anemia etc. during antenatal period; haemorrhage, eclampsia and obstructed labour during delivery. Additionally, most of these studies have attributed such high prevalence of reproductive morbidity to the childbearing pattern; utilization of existing health services; health-related behaviour; and

background characteristics including household's standard of living; community affiliation; and utilization of social institutions.

Although most of the gynecological and obstetric problems can be cured easily if they are detected early and given proper treatment, previous studies revealed that the majority of the symptomatic women neither seek formal nor informal treatment. In most of the cases the reasons cited were 'treatment was unnecessary' or 'not customary'. This could be similar to the 'culture of silence' discussed in the literature. Some of the studies observed that women sought treatment only when they perceived the symptoms were severe. Additionally, treatment cost, physical accessibility, perceived quality and competency of existing health services, women's education and employment, caste-membership and women's level of autonomy were found to be significant predictor of not seeking formal treatment and these factors also influence choice of provider. Some of the studies revealed that majority of the poorest, uneducated and low-caste women of rural areas of India consulted private provider for reproductive problems.

Inequality in initiation of treatment to a provider for reproductive health seeking can be hypothesized as consequence of poverty in wider perspective (e.g. lack of capital accumulation) whereas the subsets of poverty can be categorized in different manners (e.g. lack of human capital or social capital formation).

The proposed conference would like to throw more light on various dimensions of socio-economic, demographic and cultural issues of reproductive morbidity in general and gynecological and obstetric morbidity in particular and associated treatment seeking behaviour by drawing academicians, researchers from various disciplines such as public health, medicine, demography, economics and sociology as well as health administrators, policy-makers, bureaucrats, policy makers and health providers.

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