

**Understanding the patterns of chronic obstetric morbidity and
validation of self reports by women living in an urban slum
district of Dhaka, Bangladesh**

**A dissertation submitted to the Swiss Tropical Institute
University of Basel in Partial Completion of TropEd Masters
Programme in International Health**

By

Samina Sultana

Supervisors

Bernadette Peterhans

Course Coordinator, Swiss Tropical Institute

&

Charles P. Larson

**Director, Health Systems and Infectious Diseases Division
International Centre for Diarrheal Diseases Research, Bangladesh**

Summary

Obstetric morbidities are common among the women of reproductive age. The extent of obstetric morbidity as a health problem is expressed in terms of the number of morbid events per maternal death. The range of estimated rates of obstetric morbidities in previous studies is quite wide, from 16.5 to 100 for each maternal death. Long-term anatomical sequelae originating from pregnancy and childbirth include genital prolapse, genital fistulas, old perineal tears, haemorrhoids, dyspareunia, and urinary incontinence. Women with these morbidities usually suffer for long periods and often lifelong. Though these problems are not necessarily life threatening, they have considerable impact on the life of the sufferer. Studies to determine the population-based prevalence of those conditions usually depend on self-reports. Very little research has been done on the validity of self-reports. Furthermore, women with chronic obstetric morbidities often remain silent and don't seek professional health care due to social stigmatization and taboos.

Given this background the present study aims to improve our understanding about the pattern of chronic obstetric morbidities among urban women in Bangladesh, to validate the self-report of the morbidities and utilization of health care services in relation to the type of chronic obstetric morbidity reported.

The study was conducted in an urban slum of Dhaka. A total 196 non-pregnant married women of reproductive age were interviewed, who delivered between 24 to 12 months from the date of interview. Of which 183 respondents were examined for confirmation of morbidity status.

Eighty-nine respondents reported chronic obstetric morbidities on interview. After physical examination 57.4% (105) cases of chronic obstetric morbidity were identified, 70 respondents with a single morbidity and 35 with multiple morbidities. Of the 89 respondents who reported an obstetric morbidity, 74% (66) could correctly identify their condition. Of the 94 respondents who reported no morbidity, 58% (55) were correct. Sensitivity, specificity, positive predictive value and negative predictive value were 63%, 70%, 74% and 41% respectively for chronic obstetric morbidities. The multipara respondents could identify the positive chronic obstetric morbidities better than primipara respondents ($P < 0.05$). Of the respondents who reported a chronic obstetric morbidity, 24% sought health care, of which 12.5% sought professional care from a physician and none of them visited a government health facility. Care seeking was higher among the women who discussed their health problem with their husbands ($P < 0.001$).

The results indicate that self-reporting is not a valid method to detect or measure the prevalence of chronic obstetric morbidities. This study has also found that the prevalence of chronic obstetric morbidities is high and professional care seeking is poor among the study participants.