

# Why Women Hide Them

## Rural Women's Viewpoints on Reproductive Tract Infections

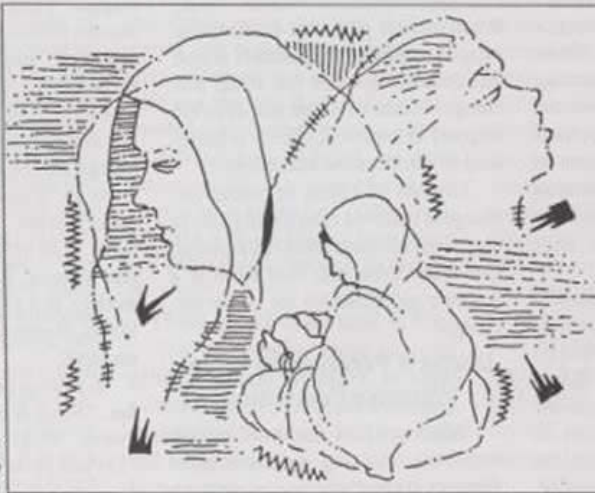
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with the  
Search Team

Gadchiroli is a remote district of Maharashtra, where we run a small non-governmental organisation called *Search*. Four years ago, through a community based study, we discovered that gynaecological diseases were a major cause of illness among the village women, already burdened with poverty and oppression. Since then we have tried to develop a programme for reproductive health care. Through women's group meetings and cultural

*jathas*, an attempt has been made to create awareness and interest among them regarding issues like Reproductive Tract Infections (RTIs) and other gynaecological diseases, unwanted pregnancies and abortion, adolescent health, sex education and reduction of childhood mortality. In an area of 58 villages, we have trained community-based health workers like nurses and Traditional Birth Attendants (TBAs) to diagnose and treat RTIs apart from giving related health education.

Sex and reproductive life is a very private and secret matter in Indian society. These illiterate rural women have honoured us by sharing with us their private lives.

Through our community based study of gynaecological diseases, we



found that 92 percent of women interviewed and examined in the two study villages had gynaecological diseases, half of which were RTIs. Only 7.8 percent of these women had ever received medical care for gynaecological problems. Women had their own world of beliefs and practices in relation to RTIs. They had only marginal interaction with the medical care system.

RTIs cover a very broad field encompassing many aspects of reproductive life. Women do not have any medicalised concept like RTI. This is an abstract concept for them. The reality for them is what they experience and suffer. When 30 men and 32 women were asked to list women's health problems in the order of their

perceived importance, 95 percent put white discharge as the most important and common problem. One woman said, "Like every tree has flowers, every woman has white discharge. Except that it's not soothing like a flower." In the study of gynaecological diseases, we found that 75 percent of women examined had white discharge. I have chosen to focus only on women's views on white discharge as the major manifestation of RTI. These views were

unravelling during four group discussions with 60 women, interviews with couples, interviews with 22 key informants, especially TBAs, open ended interviews of 65 women, and from the perceptions of the 654 women examined and interviewed in our previous gynaecological study.\*

Twelve synonyms are frequently used in our area to describe white discharge. This shows how important a role it plays in the lives of women. White discharge is experienced as clothes getting wet or stained or starchy or passing white sticky discharge during urination or defaecation, or by smell. A few women said, "One feels as if bubbles

\* R.A. Bang et al., *Lancet*, January 14, 1989, p.85.

are coming out." The profuse discharge is sometimes called "white menstruation". One TBA confided that she goes around in the village, and watches the hanging linen of women. From the stains, she can determine who has white discharge. White discharge is also diagnosed if a woman is feeling weak for any reason or if the urine collected in a container shows white sediment at the bottom.

Women have their own classification of white discharge into five categories, each with distinct characteristics and different significance. There is a hierarchy of seriousness among them. One called *pair*, which means blood stained discharge, is supposed to be most serious and an omen of death. This intricate classification shows that the village people have closely observed and thought hard about white discharge.

The perceived cause of white discharge is heat bursting out from inside the body. This heat may be caused by a woman having an inherently defective constitution, or it may enter the body through intercourse with an alcoholic or promiscuous husband. On noticing white discharge, women often conclude that their husbands must have slept with another woman or visited *bhut khana* (haunted house), which means the red-light area. If the husband does not have a problem, the woman is supposed to have caught it from a premarital or extramarital relationship. Consumption of food supposed to be hot is also said to cause or aggravate this heat. Unfortunately, most of the nutritionally rich foods such as milk, cream, eggs, meat are sup-

posed to be hot and hence are avoided by already malnourished women. It is difficult to say whether this is a cultural conspiracy to keep women away from nutritious food or a consolation because they can't afford to eat these costly foods anyway. Twenty five percent of women, mostly those who have used female methods of contraception (specially IUD and tubectomy), said that these methods result in white discharge. Weakness due to any cause is also supposed to cause white discharge. When there is profound weakness or *swapna vikar*, that is, dreams of sexual intercourse, or when the white discharge becomes chronic and does not respond to treatment, then it is attributed to witchcraft or black magic.

The site of origin of white discharge is believed to be somewhere in the pelvis but independent of the uterus. One TBA even said that there is a separate sac (bladder) for white discharge.

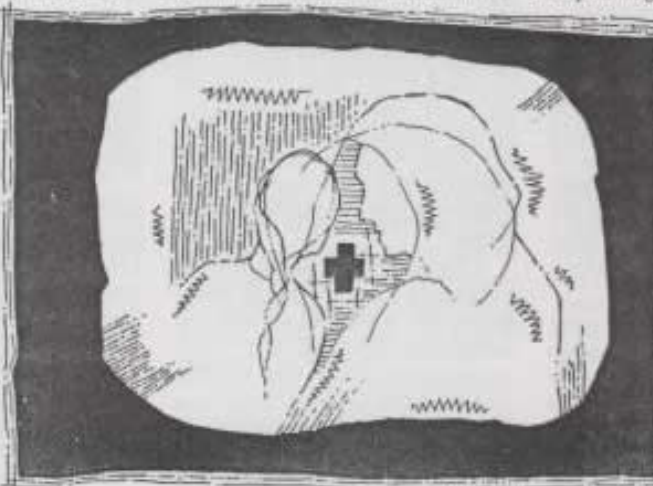
#### Doctor's Perceptions versus Women's Perceptions

When we first discussed among ourselves studying gynaecological diseases in rural women, a guest professor of gynae-obstetrics at John Hopkins University remarked that it

was not a problem worth studying because in his view, "Women may continue to pass white discharge but how does it matter? It is an innocuous symptom like nasal discharge!" But how do rural women feel about this symptom? The perceptions of this expert and those of rural women about the ill effects of white discharge are diametrically opposed. Our community based study vindicated the perceptions of the village women. In the original gynaecological study, 654 women were asked "Is white discharge a disease?" and 90.4 percent of women replied "Yes, it is a disease and quite a serious disease." Women believe that this is a chronic disease which drains energy and blood from the body and leads to severe weakness and ultimately death. Women described 29 types of ill effects. The more important among these were weakness, anxiety, and guilt feeling, pain, loss of libido, dyspareunia and genital discomfort.

A woman comes to the clinic. I ask her, "What is the problem?" She answers: "Weakness". When I ask her, "Do you have white discharge?" She almost always says "Yes". (95 percent of women with white discharge come complaining of "weakness".) The

perceived relationship between white discharge and weakness is so close that they are used interchangeably. This is probably for two reasons. Women strongly believe that white discharge drains off body energy and leads to weakness (*kanyoori*, *ashaktipana*). This belief is rooted in the philosophy of Ayurved—the ancient life science of India.



which emphatically states that semen is concentrated energy and its loss in men leads to incapacitating weakness. Loss of white discharge from a woman's body is supposed to have a similar consequence.

This 'weakness' is an all encompassing term — it is physical, mental and sexual weakness. Thus the term weakness carries wider meaning than is generally perceived by most doctors or health professionals. There is another reason for the symptom of white discharge being interpreted as weakness. A woman often has a profound sense of guilt and shame when she has white discharge. The woman herself, her husband, and village community all may conclude that she had an extramarital relationship. The husband scolds, "*bhosadichi, konasobat nijall asen mhanun asa jhala*" (You woman with large vagina, you must have slept with someone else.) If the husband develops the symptom first and the wife later, then the woman is supposed to have contracted it from her husband. But this is again shameful, because it is as a sign that the woman's husband is not satisfied with her and hence his interest is wandering. Thus, white discharge is always associated with guilt feelings.

White discharge is often accompanied by a loss of libido ("*akarshan kami hote*" — attraction becomes less), discomfort and dyspareunia, feeling of shame, guilt and anxiety. Together with weakness these all result in a disturbed sexual and marital relationship. A woman pleads with her husband not to have sex with her either because she does not have the desire or because she believes that her husband would contract the disease and would also become weak by having sex with her. But the husband usually becomes furious and abuses her by saying something like "*Tula kaun keli? nasta zopun rahanyasathi*

*aan khanyasathi?*" (Did I marry you only to feed you and rest?) or "*He ka sangate rand! Dekhi jayegi tabyet, ab to chahiye!*" (Bloody woman what nonsense are you speaking? I shall see about my health later on. Right now, I want sex.) Women complain, "Men don't want to spare us a single night. They are very arrogant!"

One TBA and her daughter-in-law complained that the daughter-in-law had white discharge, loss of libido and dyspareunia, but her husband would not listen. The mother requested her son to avoid sex with his wife but the son flatly refused and retorted to his mother, who is a widow, "*Tumhi navhata ka kela? Ata mala sangate rand! Tule nahi bhatala tar mee bee tasach rahu kay?*" (Didn't you have sex with my father? Now, since you don't get it, you want to deprive me also?)

#### White Discharge and RTIs

The community based study of gynaecological diseases in rural women showed that out of 553 women examined, 414, that is, 74.86 percent had white discharge.

In these 414 women, we found,

- Cervical erosion in 89(21%)
- Cervicitis in 155(37%)
- Endocervicitis in 57(14%)
- Pelvic Inflammatory Diseases in 133(32%)
- Bacterial vaginitis in 254(61%)
- Candida vaginitis in 155(37%)
- Trichomonas vaginitis in 71(17%)
- Senile vaginitis in 17(4%)
- Vaginitis (unknown origin) 23(5%)

When the question "When should a woman with white discharge seek treatment?" was asked in the group and individual interviews, all the respondents said that white discharge should be treated immediately as soon as it appears because if not treated, it progresses rapidly and may lead to serious complications and ultimately death. But from our gynaecological study, we noted that only 7.8 percent

of women had gone to the modern medical care system for treatment of gynaecological diseases. How do we explain this? Non-availability of doctors in rural areas, cultural inhibitions in consulting male doctors for gynaecological diseases, lack of time, money and support contribute to a very low proportion of women seeking medical care. But the major obstacle is the reluctance of women to admit that they have white discharge. Thus in our gynaecological study, 74.86 percent of women were found to have white discharge but only 125, that is, 22.60 percent had complained of white discharge despite careful enquiry by the gynaecologist. When probing questions were asked why did these women hide their complaint of white discharge? Over half (60.1 percent) of these women said that they felt too shy to tell the doctor as they thought I might suspect their chastity; 25 percent of the women said that, as a doctor, I should have detected it myself, and 15 percent said I should have myself assumed it as most of the women have this problem.

#### Why Women Hide It

Because of its perceived link with promiscuity, women try to hide it. Sometimes "*Sota fodat nahin*" — the woman does not disclose it herself. Other women in the family, when they notice the stains on clothes while washing, report it to her mother-in-law. Women don't easily disclose the complaint of white discharge to other women to try to prevent the news spreading throughout the whole village.

The hierarchy of sources of care is as follows. Home remedies are invariably tried first on the advice of an old experienced woman or a TBA. Next comes *vaidu* — the village herbalist. If there are sexual dreams and also sleeplessness along with white discharge, then it is supposed to be caused by witchcraft or black magic and hence

the help of a *mantrik*, a healer who uses witchcraft, is sought. If all these fail and if the husband shows concern and the family has resources, then a doctor, generally a private practitioner, is consulted. Since there are practically no female doctors or gynaecologists in rural areas, internal pelvic exams are not done and the diagnosis and treatment is based only on a description of the symptoms. Even in trying to explain the symptoms, there are communication barriers. A woman cannot describe her genital symptoms openly to a male doctor so she speaks obliquely in symbolic language. The doctors, trained in western medicine, being unaware of the hidden meaning of these subtle symbols, fail to appreciate the woman's real problem. Thus when she says she has weakness, the doctor treats her as a case of anaemia, leaving her problem of white discharge untouched.

Women even have preventive herbal therapy for white discharge. The tender shoots of a tree called *katsawali* are consumed by women and are also given to their young daughters to prevent the occurrence of white discharge in future. This practice is so widely prevalent that now it is difficult to find this tree in the forest because its shoots are nipped at an early stage.

Women have described to us nearly 40 types of indigenous treatments for white discharge. They are widely used and believed to be effective. But Shrimati Walabai, the oldest and the wisest TBA in our area, confided to me that the modern medicines given to them (TBAs) by *Search*

for treating white discharge are far more effective than the traditional remedies. Who knows the truth?

Most of the women believe that their husband should also be treated simultaneously, as he could be both the cause and an additional sufferer of the illness. But usually husbands refuse to seek care if they don't have symptoms. If men have a symptom of urethral discharge, they get very upset and seek treatment quite early.

### Conclusion

Rural women in developing countries are carrying an unbelievable burden of gynaecological diseases, especially RTIs. A policy maker at the Indian Council of Medical Research once questioned our statement



that gynaecological problems are a major cause of ill health of women. "If rural women have white discharge, so what?" was his remark. Our study of gynaecological diseases and the perceptions of women about their gynaecological problems show that such policy makers are wrong. It is an unfathomed iceberg which can no longer be ignored. White discharge is the number one health concern of women. All of us must take note of this and respond to it.

RTIs in women is not a mere microbiological infection. It is interconnected with complex cultural factors. The solutions for prevention and treatment of RTIs take these factors

into account. Hence, the approach developed by *Search* to deal with reproductive health has attempted to evolve a programme with four components—study of perceptions and practices of women and men, medical and epidemiological study of gynaecological diseases in women, health education using methods like women's awakening and health *jatra*, and lastly the training of village-based health workers and TBAs for diagnosis and treatment of RTIs.

Propagation of contraception in women with RTIs is adding to the distress. The poor women already are suffering from inflamed vaginae, eroded cervixes and infections in and around uteri. Imagine the agony they

suffer and the bad reputation it brings to family planning when a foreign body like an IUD is inserted in her under such conditions. By rejecting contraception, poor women of the Third World are

sending signals to policy makers in Delhi, Geneva, New York and Washington — "No contraception is acceptable without gynaecological care."

We professionals have tended to reduce women's health problems to convenient, narrow programmes depending on our expertise. Sometimes it is family planning, sometimes it is maternal mortality, and sometimes it is abortion. Women's lives know no such compartments. That is why we have repeatedly appealed to health care providers, asking them not to speak of just maternal health but to speak of women's health, women's total reproductive health. □