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Prevalence and Correlates of Infertility among Rural Women in India - A Mixed-method Approach

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INTRODUCTION

Human reproduction is a complex process and any disorder or complications in the reproductive system can adversely influence the fertility process.¹ Further, unhealthy sexual life also affects the process of reproduction.² Any problem in sexual and reproductive health can trigger any difficulty in conceiving.³ Hence, the problem of infertility has become an important public health issue and needs adequate attention by reproductive health researchers worldwide.

The determinants of infertility are manifold and complex. The causes of infertility come from three general sources: physiological dysfunction, preventable causes, and unexplained issues. Couples unable to conceive without any identifiable reasons are defined as having unexplained infertility.^{4,5} According to the estimates of the World Health Organization, worldwide about 5% of couples are infertile due to anatomical, genetic, endocrinological (glands or hormone-related disorder), or immunological factors.³ Further, preventable conditions including sexually transmitted diseases, infectious and parasitic diseases, iatrogenic (complications resulting from medical treatment) healthcare practices, and exposure to toxic substances in the diet or environment could also lead to involuntary infertility.⁶ Environmental and occupational hazards account for an unknown proportion of infertility but are suspected causes of declining human sperm quality in industrialized countries.⁷

In developing countries, major causes of infertility among women found from the literature, are reproductive tract damage due to stillbirth, miscarriage, or unsafe abortion which have no reparation and eventually lead to childlessness. Correlates also include severe malnutrition, anemia, eating disorders (especially anorexia), hormonal problems, chronic illness, morbidities like tuberculosis, chronic malaria, side-effects of contraceptive use, polycystic ovary syndrome, chlamydia or pelvic inflammatory disease (PID), etc.⁸⁻¹¹ Other preventable causes of infertility include 'lifestyle factors', a diverse group of issues such as obesity, weight gain, and loss, eating disorders, malnutrition, excessive exercise, and use of nicotine, alcohol, or caffeine.¹²

According to the WHO multi-centric studies of infertility in India, 40% of women and 73% of men have no demonstrable cause of infertility.¹³ A tubal factor is the most common cause of infertility among women (nearly 30%), followed by anovulation (22 %). In India, the prevalence of STIs is high among women reporting infertility and pelvic inflammatory disease.^{14,15}

In India, available district-level data (DLHS, 2007-08)¹⁶ on infertility and childlessness are backdated and fail to provide information on underlying causes of infertility. They also do not provide any information on the rate of infertility at the village or community level. The secondary data sources are not enough to explain the infertility scenario of rural areas. To unveil the current risk of infertility among women, exploratory research is necessary, particularly focusing on the rural areas of the high prevalence districts. Therefore, the study objectives are to estimate the current prevalence of infertility and to focus on the different sexual and reproductive health problems among rural women associated with their infertility problem in India.

METHODS

Data and Sample Design

The study is based on primary data, collected in 2014-15 from the two high infertility prevalence districts i.e. Purab Medinipur (17%) and Dakshin Dinajpur (19.4%) of West Bengal (14.1%). To get the desirable sample, one block from each selected district has been selected. The two selected blocks are Panskura (Purab Medinipur) and Tapan (Dakshin Dinajpur). Care has also been taken in selecting blocks that are mainly rural. These two blocks contain a heterogeneous population. From these selected blocks, one village with a primary health center (PHC), one village with at least one sub-center (SC), and one village without any government health facility are selected purposively. Therefore, from the two selected blocks, a total of 6 villages (3 villages from each block) have been selected.

Selection of Sample

Complete mapping and listing have been carried out to identify the eligible respondents. A mix-method research approach is applied through in-depth interviews using semi-structured and structured questionnaires. A total of 159 ever-married women (20-49 years) out of 172 identified women who ever have experienced infertility are interviewed. Hence, the calculated response rate is 92.4%. The inclusion criteria are: the respondents ever experienced infertility problems, both the husband and wife necessarily not using any contraception, not sterilized (women are not lactating and not pregnant), and received treatment/ advice for their problem of infertility. In-depth interviews have been conducted among five

childless women who are currently infertile. The informed consent of the participants is obtained before collecting the data. The interviewer has read the consent statement for illiterate respondents. The consent statement has explained the researcher and the purpose of the study. The confidentiality and privacy of the information shared by the respondents have been assured.

Variables Used

The background variables are used to represent the socio-economic characteristics of the respondents and their categories are *respondents' infertility status* (primary infertile are those who have never been conceived, secondary infertile women who conceived at least once but currently experiencing infertility and conceived after treatment are those who experienced infertility and conceived after treatment); *current age* (<26, 26-30, 31-35, 36-40 and >40 years); *age at marriage* (<18 and =>18 years); *marital duration*(<6, 6-10, 11-15, 16-20, >20 years); *age gap between husband and wife* (1-3, 4-6, 7-9, >9 years); *level of education* (illiterate, 1-4 years/primary, 5-8 years/middle or upper primary and 9-10 years/secondary and higher secondary, >12 years/graduate and above); *religion* (Hindu and Muslim); *caste* (Scheduled caste/SC, Scheduled tribe/ST and Other Backward Caste/ OBC and General/open); *monthly income* (<=5000, 6000-10000, 11000-15000, >15000 rupees).

Data Analyses

Bivariate and multivariate analyses are performed. The statistical analyses are performed using Stata V.13.0 (Stata Corp, College Station, Texas, USA). The qualitative data have been analyzed through QSR NVivo V.10.0.

RESULTS

Estimated Prevalence of Infertility in the Selected Villages of West Bengal

{Table 1 here}

It is found that the prevalence of infertility, ever experienced by women, is 8% in Dakshin Dinajpur and 9% in Purab Medinipur (Table 1). In the selected block without any government health facility in the Panskura district, the prevalence rate of infertility is found as higher as 14%. The estimated rate of infertility, based on the result of the present study, has been compared with the district-level estimates of

DLHS-3. The estimated rate of infertility is found compatible with the infertility rate estimated in DLHS, 2007-08.

Profile of the Respondents

{Table 2 here}

Table 2 shows the socio-economic profile of the respondents. Among 159 interviewed women, out of 172 identified eligible women, it is evident that 25 (15.7%) women are primarily infertile, whereas 27 women (17%) have secondary infertility. Further, it is also observed that 107 women (67.3%) have been conceived after receiving treatment for their infertility problem.

It is found that one-third of the respondents are between the age of 26 and 30 years. The mean age of the respondents is 32 years. About 29% of the respondents are married at the age below 18 years (i.e. the legal age at marriage). The estimated mean age at marriage is 20 years. A considerable proportion of the respondents (28%) have a marital duration of more than 15 years. The majority of the respondents have an age gap with their husbands above three years. A considerable percentage of women are illiterate or uneducated. The majority of the respondents belong to the Hindu religion (86.8%) and to other than scheduled caste, scheduled tribe, and the other backward class category (66.7%).

Diagnosed Causes of Infertility

The present research has found that among the women who have undergone different tests for their infertility problem in the first-order treatment, about 8% have uterus problems. About 14% of women's husbands are found to have a semen-related problem, whereas the percentage is about nine among women who have received second order treatment. In both the treatment orders, about 14% and above women are found to have menstruation problems. About 14% and 6% of both the wives and their husbands are found to have a problem in their first and second-order treatment. Apart from these, a considerable percentage of women (68% and 55% respectively) are found to have other problems in both orders of treatments (Table 3).

{Table 3 here}

The qualitative interviews also reflect the same scenario and support the results from quantitative interviews.

“I and my husband have never felt that treatment is necessary for spotting after sexual intercourse....we could hardly imagine that it would be a reason for our infertility problem.”

(Infertile woman, 36 years)

Reproductive Health and Sexual Health Problems

Figure 1 represents the percentage of women who have experienced endometriosis or any of its symptoms according to their infertility status. About 19% of women have reported that they ever have any symptoms of endometriosis and the reported symptoms of endometriosis are found higher among women who experienced primary infertility. A considerable proportion of women also experience symptoms like pelvic pain and menstrual cramp (10.7%), pain during intercourse (8.8%), pain with bowel movements or urination during a period (6.3%), excessive bleeding during a period, or bleeding between periods (8.8%) and bloating/nausea/fatigue/constipation during a period (6.3%). Symptoms like pain with bowel movement or urination during periods (16%) and pain during intercourse (16%) are found higher among women who experienced primary infertility than others, whereas, symptoms like excessive bleeding during period or bleeding between periods (11.1%) and pelvic pain and menstrual cramp (18.5%) are found higher among women experienced secondary infertility than others,

{Figure 1 here}

Further, about 4% of the respondents have experienced an ectopic pregnancy and the percentage is as higher as 15% among women who experienced secondary infertility. About 7.5% of respondents have reported experiencing any symptoms of ectopic pregnancy (figure 1).

According to a respondent:

“In our seven years of marital duration, we have spent most of the time in visiting doctors and in seeking treatment. Our only wish is to have our child. I have experienced many health complications and

still, I am paying for this. I am overweight and my husband is underweight. My husband already has two minor heart attacks. I have late menarche (at age 15 years). For the last five months, I am not having my period. Doctors say I have a uterus problem and less ovarian reserve. I have undergone several medical check-ups and diagnoses like FSH (Follicle-stimulating hormone) test, hormone test, and others, and now I do not want to face anymore.”

(Childless woman, 35 years)

Figure 2 represents the percentage of women who ever had any symptoms of RTIs, STIs, and UTIs according to their infertility status. In the present research, more than fifty percent (51.6%) of women respondents have reported that they ever have any symptoms of STIs. A considerable percentage of women have experienced abnormal vaginal discharge (22%), itching in the vagina (27.7%), itching or irritation over vulva (30.8%), excessive vaginal discharge (11.3%), abdominal pain not related to menses (17.6%), and pain during intercourse (17.6%), and frequent urination (10.1%). The percentage of women who experienced sores/rashes in the vaginal area, sores around anus/genitals, foul-smelling discharge, ulcerations/soreness/pain/prolapsed/forward dragging/falling sensation in the vagina, spotting after sexual intercourse and smoky urine is 3.8%, 2.5%, 4.4%, 3.1%, 7.5%, and 1.9% respectively. Overall, the reported symptoms of STIs, RTIs, and UTIs are found much higher among women who experienced primary infertility (92%) than other women. For instance, symptoms like pain during intercourse (32%), abdominal pain not related to menses (40%), itching or irritation over vulva (60%), itching in the vagina (60%), and abdominal vaginal discharge (40%) is found higher among women experienced primary infertility than others.

{Figure 2 here}

A respondent describes:

“We could not reveal the problem of my husband to my in-laws, and hence sometimes I receive harsh words from them for not being able to get pregnant. After a few months of continuing the treatment, the semen problem was checked, but unfortunately, I got infected by a urinary tract infection (UTI) and had to take a long course of antibiotics..... Last year, we visited another doctor and again we were fully diagnosed. Alas! Our bad luck still did not leave us. I was diagnosed with endometrial tuberculosis.”

(Childless woman, 31 years)

Problem Related to Menstruation

Table 4 represents the percentage distribution of women according to their infertility status by their menstruation history. About 15% have experienced menarche at the age below 12 years and about 18% have menarche at the age of 15 and above years. The proportion of women who experienced menarche at the age of 12, 13, and 14 years is 22%, 25.2%, and 20% respectively. Further, among the total respondents, 28.3% have reported that they have ever experienced any menstruation-related problem. The majority of the respondents have reported that they have normal (25 to 30 days) menstrual cycle. About 10.7% have informed that the duration of their menstrual cycle is more than 35 days, whereas about 2% have informed of shorter length (less than 21 days) of the menstruation cycle. A one-fourth (26.4%) of the respondents don't know or are unsure about the length of their menstrual cycle.

A considerable proportion (39%) of women has reported experiencing normal bleeding, whereas about 29% and 11% have reported experiencing scanty and excessive/clotted/lumped bleeding respectively. About 2% reported another type of menstruation bleeding like irregular or insufficient. As a whole, a considerably higher percentage of women who experienced primary infertility have reported experiencing menarche at the age of fifteen years and above (36%), menstruation-related problems (80%), abnormal length of menstruation cycle (i.e. more than 35 days) (16%), scanty (44%) and excessive, clotted or lumped (16%) menstruation bleeding than other women.

{Table 4 here}

DISCUSSIONS

The causes of primary and secondary infertility relate to both males and females, and the conditions that directly contribute to infertility vary widely by region and culture. The present research documents the current scenario of infertility in the selected districts of rural West Bengal (which has a high infertility prevalence) of India based on the latest data at the PSU level. The estimated prevalence of infertility is found higher in the villages having no government health facilities as compared to the villages with government healthcare facilities. The estimate (infertility rate) based on the current data has been compared with the district level information on infertility in the DLHS-3 (2007-08)¹⁶ and is found compatible. The estimated rate of infertility ever experienced by women (primary and secondary both) is

found a little lower than the rate estimated in DLHS-3 and the possible reasons are the different sample selection criteria and the method of sampling.

However, various myths exist on the causes of infertility among men and women, the actual causes (medically verified) of infertility are also important to understand the problem of infertility. In the present research, a considerable percentage of the respondents have mentioned the semen-related problem of their husbands and the problem of uterus and menstruation as the causes of their infertility problem.

Further, severe endometriosis causes pelvic scarring and distortion of pelvic anatomy. The tubes can become damaged or blocked and the ovaries often contain cysts of endometriosis (endometriomas) and may become adherent to the uterus, bowel, or pelvic sidewall. Any of these anatomic distortions can result in infertility.¹⁷⁻¹⁸ In the present study, a substantial percentage of women have reported that they ever have any symptoms of endometriosis. Further, the present research shows that a higher proportion of women who experienced primary infertility have reported experiencing symptoms of endometriosis more. Again, while a pregnancy test may reveal a woman is pregnant, a fertilized egg can't properly grow anywhere other than the uterus.¹⁹ An ectopic pregnancy may result in tubal damage due to rupturing of the fallopian tube. Besides, it has other risks to women carrying the pregnancy.²⁰ In the present study, a few respondents are either found to experience an ectopic pregnancy or have reported experiencing any symptoms of ectopic pregnancy.

According to the World Health Organization (2007)³, RTIs, STIs and UTIs are the main preventable causes of infertility. Sexually Transmitted Infections (STIs) like chlamydia and gonorrhea, left undiagnosed and untreated, can cause infertility and can be cured easily with antibiotics.²¹ Among women STIs can cause pelvic inflammatory diseases (PIDs), ectopic pregnancy, chronic pelvic pain, and finally permanent damage to the reproductive system, whereas among men STIs cause epididymitis (i.e. a painful infection in the tissue surrounding the testicles, or urethritis, an infection of the urinary canal in the penis, which causes painful urination and fever.^{3, 22} In both cases, men and women may experience infertility.^{23,24} The present research shows that a considerable percentage of women have been diagnosed with RTIs, STIs, and UTIs in both the treatment cycles, and the women with primary infertility have reported higher symptoms of RTIs, STIs, and UTIs than others.

Again, the problem in conception can be determined by irregular menstrual bleeding and early or late menarche. Besides, abnormal menstrual bleeding like scanty or excessive, or clotted bleeding can be an indication of the hormonal imbalance in the body, which largely impacts women's reproductive cycle. The present study has found the proportion of respondents experiencing any symptoms of menstruation

problems is much higher than the proportion of women who experienced infertility for other reasons. In both cases, the chance of experiencing difficulty in getting pregnant is high.²⁵

Therefore, the provision of early diagnosis and treatment of endometriosis and ectopic pregnancy at the government hospital in rural areas can reduce the risk of infertility among rural women. Further, awareness and proper knowledge of the preventable risk factors (such as STIs/RTIs/UTIs, menstruation-related complications) can reduce the problem of primary infertility, as well as secondary infertility.

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Table 1: Calculation of the Prevalence of Infertility among Ever-Married Women in Study Villages

District	Block/ Sub-division	PSU / Village	Ever experienced infertility rate [†]
Dakshin Dinajpur	Tapan	With PHC	10.1
		With SC	6.0
		Without Govt. health facility	9.6
		Total	7.8
Purab Medinipur	Panskura	With PHC	8.1
		With SC	7.0
		Without Govt. health facility	13.9
		Total	9.3
Total			8.6

[†] Women excluding pregnant, in amenorrhea, in menopause, had a hysterectomy and never menstruated.

Table 2: Percentage Distribution of the Respondents according to their Background Characteristics

Characteristics	Percentage	Women (N)
Total interviewed	100	159
Primary infertile	15.7	25
Secondary infertile	17.0	27
Conceived after treatment	67.3	107
Current Age (years)		
Below 26	17.6	28
26 to 30	33.3	53
31 to 35	20.8	33
36 to 40	17.6	28
Above 40	10.7	17
Mean age	31.6	159
Age at marriage (years)		
Below 18	28.9	46
18 and above	71.1	113
Mean age at marriage	19.5	159
Marital Duration (years)		
Less than 6	18.2	29
6 to 10	35.8	57
11 to 15	17.6	28
Above 15	28.4	45
Mean duration of marriage	12.1	159
Age gap between respondents and current husband (years)		
1 to 3	9.4	15
4 to 6	47.8	76
7 to 9	36.5	58
Above 9	6.3	10
Education level of respondents		
Illiterate/ uneducated	23.3	37
Primary (I to IV)	25.8	41
Middle/Upper Primary (V to VIII)	28.3	45
Secondary and Higher Secondary (IX to XII)	18.2	29
Graduate/Post-graduate/Diploma (Above XII)	4.4	7
Religion		
Hindu	86.8	138
Muslim	13.2	21
Caste		
SC/ ST/ OBC	33.3	54
General/other	66.7	105
Monthly income (in rupees)		
5000 and below	24.5	39
6000 to 10000	33.3	53
11000 to 15000	15.1	24
Above 15000	27.1	43

Table 3: Percentage of Women Diagnosed with Infertility Problems

Problem diagnosed and treatment advised	Order of Treatment Received			
	First		Second	
	%	Women (n)	%	Women (n)
Problems				
Semen related problem	14.3	9	9.2	6
Uterus problem	7.9	5	9.2	6
Menstruation problem	19.0	12	13.8	9
Both had problem	14.3	9	6.2	4
Other	68.3	43	55.4	36
Total	100.0	63	100.0	65

Table 4: Percentage Distribution of Women According to their Infertility Status by their Menstruation History

Characteristics	Primary	Secondary	Conceived after treatment	Percentage	Women (N)
Age at menarche					
Below 12	4.0	11.1	18.7	15.1	24
12	20.0	7.4	26.2	22.0	35
13	24.0	25.9	25.2	25.2	40
14	16.0	33.3	17.8	20.1	32
15 and above	36.0	22.2	12.1	17.6	28
Ever had any menstruation-related problem					
Yes	80.0	51.9	10.3	28.3	45
No	16.0	33.3	65.4	52.2	83
Not menstruating	4.0	14.8	24.3	19.5	31
Average length of the menstruation cycle					
Normal (25 to 30 days)	40.0	44.4	41.1	41.5	66
Abnormal (more than 35 days)	16.0	11.1	9.3	10.7	17
Abnormal (less than 21 days)	4.0	3.7	.9	1.9	3
Can't say/Not Sure	36.0	25.9	24.3	26.4	42
Not menstruating	4.0	14.8	24.3	19.5	31
Menstruation bleeding					
Normal	36.0	40.7	39.3	39.0	62
Scanty	44.0	33.3	24.3	28.9	46
Excessive/Clotted/lumped	16.0	7.4	10.3	10.7	17
Other	0.0	3.7	1.9	1.9	3
Not menstruating	4.0	14.8	24.3	19.5	31
Total	100.0	100.0	100.0	100	159

Figure 1: Percentage of Women Ever Experienced Symptoms of Endometriosis and Ectopic Pregnancy by their Infertility Status

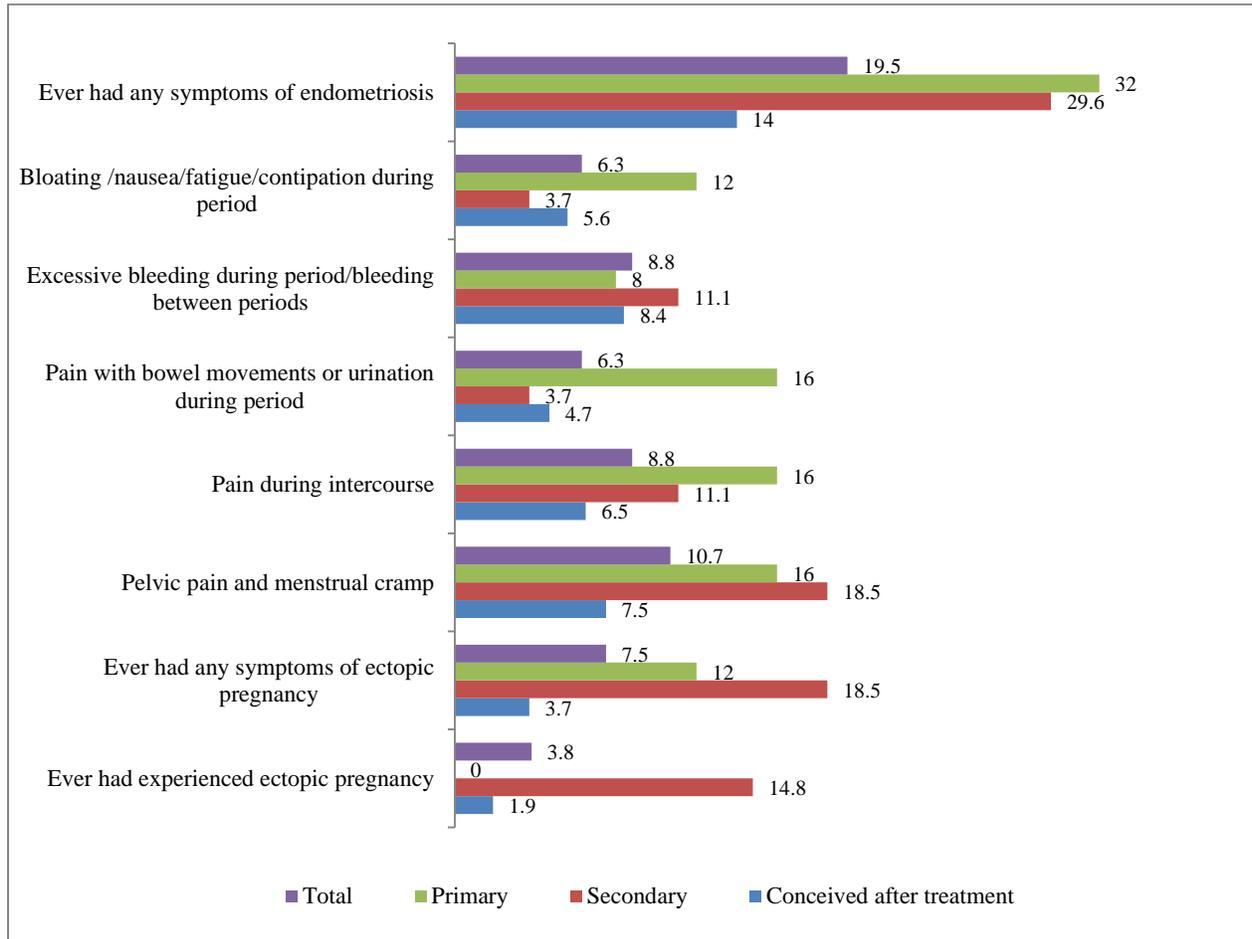


Figure 2: Percentage of Women Ever Had Any Symptoms of RTIs/STIs/UTIs by their Infertility Status

