

Management of Reproductive Health Among Women From the Indian Subcontinent

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Abstract Women's reproductive health issues are often overlooked in South Asian societies. Previous research indicates that unreliable sources, such as friends and family, are often used as a primary outlet by South Asian groups to answer questions about their reproductive health. Past observations made while working in an obstetrician's practice show distinct differences in behavior, perception, knowledge, and attitude between South Asian women and Non-South Asian women. However, due to the recent acculturation of South Asians in the United States, there is limited information regarding the management of reproductive health among this group in the United States (Mukherjea 2003, pers. comm.). This study resembles a Knowledge, Attitude, and Practice (KAP) study that compares the management of reproductive health among South Asian women and Non-South Asian women. This question has been tested using a questionnaire which addresses the following topics: a) socio-economic status, b) contraceptive use, c) fertility, d) sexually transmitted diseases, reproductive tract infections, and e) source of information on reproductive health. Approximately 400 questionnaires were completed by South Asian women and Non-South Asian women located in obstetrician/gynecologist offices in the Bay Area of Northern California. Results indicate marked differences in how South Asian women manage their reproductive health when compared with non-South Asian women. South Asian women are often accompanied by their husbands on their visits to the OB/GYN. They also rely on their husbands as a prime source of information regarding their reproductive health, although they are more educated and come from high income groups. Differences between these two groups may indicate the need to provide reproductive health services in a manner that is sensitive to the socio-cultural needs of South Asians.

Introduction

Women's sexuality issues are controversial in India's South Asian societies. Not only is it difficult to discuss basic hygiene practices within a traditional South Asian family, but it is also incredibly hard to make South Asian women understand the importance of managing their own health. According to Dr. Nilima Parekhji, M.D., "Within South Asian families, women depend on their male counterparts to make decisions regarding the household and business aspects of family life." In this process, many South Asian women also depend on their husbands to make choices regarding their own reproductive health. Because South Asian women are not in control of their own reproductive health they do not have as much autonomy and decision-making power regarding their reproductive well-being. As a result, "lack of control over accessibility to reproductive health services can adversely affect their general well-being" (Kamal, 2003. pers. comm).

The International Conference on Population and Development (ICPD) defined reproductive health as the "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and process" (Ramasumbban and Jejeebhoy, 2000). Prior to 1994, the United Nations' focused on population control. It was only until the 1994 Cairo Conference, organized by the United Nations Fund for Population Activities (UNFPA), when the focal point shifted from population control to the management of reproductive health (Kamal, 2003. Pers. Comm). Since the ICPD conference, the governments of countries in the Indian subcontinent have done much to address reproductive health needs of the population (Kamal et al, 1997). Further research performed by the Population Council in Bangladesh studied the perceptions and attitudes of reproductive health care among Bangladeshi adolescents. Findings from the study show that adolescents turned to mostly unreliable sources for reproductive information (Kamal et al, 1997). Females traditionally turned to their grandmothers while males preferred electronic media sources (Kamal et al, 1997).

From my own experiences working in an obstetrician's private practice, I have observed distinct differences in behavior, perception, knowledge and attitude between South Asian and Non-South Asian women. The South Asian women who came to see the OB/GYN usually were accompanied by their husbands whereas the Non-South Asian women came alone. The South Asian patients were timid and hesitated when answering the OB/GYN's questions regarding their

reproductive health. In comparison, the Non-South Asian women appeared much more confident, answered questions completely, and asked questions themselves.

There is limited information regarding the reproductive health of South Asian women who reside in the United States because of the recent acculturation of this group in the United States (Mukherjea 2003, pers. comm.). However, primary observations and personal experience reveal that many South Asian American women also rely heavily on their husbands, fathers, and/or brothers in making decisions for them in regards to the household and work (Parekhji, 2004. Pers. Comm.).

“Past studies have presented Indian women as lacking interest in sex, or being less sexually interested than men. There is little research examining Indian women’s views about sex and participation in sex research” (Boynton 2003). According to research on the knowledge, behavior and attitudes of college students in Delhi University, India, “female students seem to be rejecting traditional Indian repressive sexual standards of premarital and non-procreative sex and the gender differences are beginning to narrow. Despite their sexual awareness, students are highly ignorant about major reproductive health issues” (Sachdev 1998). Research done in this study also indicates that being male and married does not make them more knowledgeable about managing their reproductive health.

Given these findings, past research has studied sexual behavior, attitudes, and perceptions among South Asian men and women in India, but overlooks how South Asian women manage their reproductive health in the United States. Due to a relatively small level of South Asian immigration and acculturation, this group has been overlooked (Mukerjea 2003, pers. comm.). My research question is how do South Asian women compare in the management of their reproductive health to non-South Asian women in the Bay Area of Northern California? I have decided to focus on females ages 15-50 age as this is the standard reproductive age range. I have collected data in Fremont and Los Gatos, California because these localities have a high South Asian population (Kamal 2003, pers. comm.).

This study’s purpose directly contributes to disciplines within the sciences such as public health and sociology. The information from my study will contribute to medicine, women’s organizations, economics, and social welfare by providing insight in how to address reproductive health issues to a culturally-sensitive group. Although this study is limited in value, interesting results may lead to further research in this area. Differences between South Asian women and

Non-South Asian women may indicate the dissimilarity in how these two groups manage their reproductive health and it may provide a broader picture of the role of sex education in schools.

Results from this research may indicate the need to educate adults on their reproductive health. Reproductive health education may be provided in places such as health clinics, hospitals, and community centers.

Methods

The following is a plan of action to obtain results for the question: How do South Asian women compare in the management of their reproductive health to Non-South Asian women in the Bay Area of Northern California?

To research these two groups, a questionnaire (Appendix A) has been compiled and reviewed by Mr. Bob Lee, survey advisor at UC Berkeley's Survey Center and Nahid Kamal, expert in demography of the Indian sub-continent. The Demographic Health Survey (DHS) was used as the basis for designing the questionnaire. These questionnaires were given to two separate groups: South Asian women and Non-South Asian women. Both groups were located in OBGYN offices in Fremont and Los Gatos, CA. These locations were chosen because of the high concentration of the South Asian population in these areas. A total of 400 questionnaires have been distributed in four physician's offices and 100 filled questionnaires have been assessed, 50 for each group.

Obstetricians were contacted during the first week of December for permission to distribute these questionnaires in their practices. As far as sampling procedures, office managers in OBGYN offices were given stacks of questionnaires which they requested patients to complete while they were in the waiting room. The office managers asked every patient to fill out a questionnaire until they ran out of forms. Once filled, the office manager placed the answered questionnaire into an envelope. Office managers were given 3-4 weeks to have the majority, if not all the questionnaires answered. Using the program Statistical Package for Social Scientists, statistical analysis such as cross tabulations using chi-squared analyses were performed.

Results

The total sample size was 100, consisting of 50 South-Asians and 50 non-South Asians. Due to this relatively small sample size, significant results were not found a few cross tabulations. I suspect that once 75 if not 100 filled questionnaires are received from each group results will be more significant. Results presented discount for missing values and "not applicable" responses.

Variable	South Asian %	Non-South Asian %
<i>Marital Status</i>		
Married	58.0	14.0
Never married	42.0	70.0
Divorced/separated/widowed	0	8.0
cohabiting	0	4.0
Missing value	0	4.0
<i>Age at First Marriage</i>		
Below 15	2.0	0
16-19	12.0	4.0
20-24	34.0	8.0
25-29	10.0	6.0
30+	0	4.0
Not applicable	42.0	74.0
Missing value	0	4.0
<i>Education/Highest Degree</i>		
High School	42.0	76.0
Undergraduate	28.0	16.0
Graduate	30.0	4.0
Other	0	2.0
Missing value	0	2.0
<i>Number of Partners</i>		
One	62.0	44.0
More than one	2.0	6.0
Not applicable	34.0	42.0
Missing value	2.0	8.0
<i>Children Ever Born</i>		
One Child	16.0	6.0
Two Children	18.0	4.0
Three Children	10.0	0
Not applicable	54.0	88.0

Table 1: Background characteristics of South Asians and non-South Asians in the study

Table 1 presents the percentage distribution of South Asians and non-South Asians in the study. South Asians are mostly married or have never married while most non-South Asians have either never married or are divorced, separated/widowed, or are cohabiting. Among married women, more South Asian women married at an earlier age than non-South Asian women. In this sample, a larger number of South Asian women had completed higher education/degree than non-South Asians. More South Asian women have children than non-South Asians. Among the women that have children, South Asians have more than one child and more than two children than non-South Asians. In this sample, the majority of South-Asian women have one partner compared to non-South Asians, many of whom who have also had more than one partner.

Table 2 shows that 36 percent of South Asians were encouraged to seek treatment when they experienced symptoms relating to a sexually transmitted disease or Reproductive tract infection while only 6 percent of non-South Asians had been encouraged.

		NO	YES	NOT APPLICABLE	MISSING VALUE	Total
SOUTH ASIAN	Count	11	18	20	1	50
	% within ETHNICITY	22.0	36.0	40.0	2.0	100.0
	% of Total	11.0	18.0	20.0	1.0	50.0
NON-SOUTH ASIAN	Count	17	3	28	2	50
	% within ETHNICITY	34.0	6.0	56.0	4.0	100.0
	% of Total	17.0	3.0	28.0	2.0	50.0
Total	Count	28	21	48	3	100
	% within ETHNICITY	28.0	21.0	48.0	3.0	100.0
	% of Total	28.0	21.0	48.0	3.0	100.0

Table 2: Cross-tabulation of ethnicity * encouraged to seek treatment *Pearson Chi-Square = .003*

It is interesting to note that many South Asians, 34 percent, were accompanied by someone on their visit to their obstetrician's whereas most non-South Asian women, 10 percent, went alone. (Table 3)

		ACCOMPANY ON VISIT TO OBGYN				Total
		NO	YES	NOT APPLICABLE	MISSING VALUE	
SOUTH ASIAN	Count	15	17	17	1	50
	% within ETHNICITY	30.0	34.0	34.0	2.0	100.0
	% of Total	15.0	17.0	17.0	1.0	50.0
NON-SOUTH ASIAN	Count	26	5	18	1	50
	% within ETHNICITY	52.0	10.0	36.0	2.0	100.0
	% of Total	26.0	5.0	18.0	1.0	50.0
Total	Count	41	22	35	2	100
	% within ETHNICITY	41.0	22.0	35.0	2.0	100.0
	% of Total	41.0	22.0	35.0	2.0	100.0

Table 3 Cross-tabulation of ethnicity * accompanied on visit to OB/GYN *Pearson Chi-Square =.023*

It is also interesting to see that very few South Asian respondents, 6 percent, were below 19 years of age, compared to 24 percent of non-South Asian respondents. (Table 4)

		AGE OF RESPONDENT				Total
		under 19	20-29	30-39	40+	
SOUTH ASIAN	Count	6	22	15	7	50
	% within ETHNICITY	12.0	44.0	30.0	14.0	100.0
	% of Total	6.0	22.0	15.0	7.0	50.0
NON-SOUTH ASIAN	Count	17	25	6	2	50
	% within ETHNICITY	34.0	50.0	12.0	4.0	100.0
	% of Total	17.0	25.0	6.0	2.0	50.0
Total	Count	23	47	21	9	100
	% within ETHNICITY	23.0	47.0	21.0	9.0	100.0
	% of Total	23.0	47.0	21.0	9.0	100.0

Table 4: Cross-tabulation of ethnicity * age of respondent

Pearson Chi-Square = .007

		HUSBND/PART	RESEARC	OBGYN	OTHER	NOT	MISSG	Total
		SELF				APPLICABL	VALUE	
SOUTH ASIAN	Count	9	16	14	8	1	2	50
	% within ETHNICITY	18.0	32.0	28.0	16.0	2.0	4.0	100.0
	% of Total	9.0	16.0	14.0	8.0	1.0	2.0	50.0
NON- SOUTH ASIAN	Count	3	24	13	8		2	50
	% within ETHNICITY	6.0	48.0	26.0	16.0		4.0	100.0
	% of Total	3.0	24.0	13.0	8.0		2.0	50.0
	Count	12	40	27	16	1	4	100
	% within ETHNICITY	12.0	40.0	27.0	16.0	1.0	4.0	100.0
	% of Total	12.0	40.0	27.0	16.0	1.0	4.0	100.0

Table 5: Cross-tabulation of Ethnicity * Question on Reproductive Health *Pearson Chi-Square = .000*

Table 5 shows that a larger percentage of South Asian women would turn to their husbands if they had a question regarding their reproductive health compared to non-South Asian women.

		SCHOOL	FAMILY/FRIEND	MEDIA	OTHER	MISSING	Total
SOUTH ASIAN	Count	8	26	15	1	0	50
	% in Ethnicity	16.0	52.0	30.0	2.0	0.0	100.0
	% within Prime Source	32.0	53.1	68.2	33.3	0.0	50.0
	% of Total	8.0	26.0	15.0	1.0	0.0	50.0

Table 6: Cross-tabulation of Ethnicity * Prime source of sexual knowledge *Pearson Chi-Square = .105*

The majority of South Asian women ranked Family and friends as a primary source of sexual knowledge. The second source with the largest percentage was media which was followed by school. (Table 6)

NON-SOUTH ASIAN	SCHOOL	FAMILY/FRIENDS	MEDIA	OTHER	MISSING	Total
Count	17	23	7	2	1	50
% within ETHNICITY	34.0	46.0	14.0	4.0	2.0	100.0
% within WHERE FIRST LEARN SEX	68.0	46.9	31.8	66.7	100.0	50.0
% of Total	17.0	23.0	7.0	2.0	1.0	50.0
Total Count	25	49	22	3	1	100
% within ETHNICITY	25.0	49.0	22.0	3.0	1.0	100.0
% within WHERE FIRST LEARN SEX	100.0	100.0	100.0	100.0	100.0	100.0
% of Total	25.0	49.0	22.0	3.0	1.0	100.0

Table 7: Cross-tabulation of Ethnicity * Prime source of sexual knowledge *Pearson Chi-Square =.105*

It is interesting to note that 16 percent of South Asians marked school as prime source of sexual knowledge, which is less than half of non-South Asians' responses (.34).

		NO	YES	MISSING	Total
SOUTH ASIAN	Count	28	22	0	50
	% within ETHNICITY	56.0	44.0	0.0	100.0
	% within CURRENTLY USING FP	53.8	46.8	0.0	50.0
	% of Total	28.0	22.0	0.0	50.0
	Count	24	25	1	50
NON-SOUTH ASIAN	% within ETHNICITY	48.0	50.0	2.0	100.0
	% within CURRENTLY USING FP	46.2	53.2	100.0	50.0
	% of Total	24.0	25.0	1.0	50.0

Table 8: Cross-tabulation Ethnicity * Currently Using A Family Planning Method *Pearson Chi-Square= .473*

Results in Table 8 show that 50 percent of non-South Asian respondents are presently using a form of contraception compared to 44 percent of South Asians who use some type of family planning method.

		ONE CHILD	TWO CHILDREN	THREE CHILDREN	NOT APPLICABLE	MISSING VALUE	Total
SOUTH ASIAN	Count	8	9	5	27	1	50
	% within ETHNICITY	16.0	18.0	10.0	54.0	2.0	100.0
	% within NUMBER OF CHILDREN	72.7	81.8	100.0	38.0	50.0	50.0
	% of Total	8.0	9.0	5.0	27.0	1.0	50.0
	Count	3	2	0	44	1	50
NON-SOUTH ASIAN	Count	3	2	0	44	1	50
	% within ETHNICITY	6.0	4.0	0.0	88.0	2.0	100.0
	% within NUMBER OF CHILDREN	27.3	18.2	0.0	62.0	50.0	50.0
	% of Total	3.0	2.0	0.0	44.0	1.0	50.0
	Count	11	11	5	71	2	100
Total	Count	11	11	5	71	2	100
	% within ETHNICITY	11.0	11.0	5.0	71.0	2.0	100.0
	% within NUMBER OF CHILDREN	100.0	100.0	100.0	100.0	100.0	100.0
	% of Total	11.0	11.0	5.0	71.0	2.0	100.0

Table 9: Cross-tabulation Ethnicity * Number of Children Ever Born *Pearson Chi-Square= .003*

Table 9 compares the number of children ever born to both groups of women. Results indicate that South Asian women conceive more children than non-South Asians. 16 percent of South Asians have one child, 18 percent have two and 10 percent have three or more. In comparison, only 6 percent of non-South Asians have had 1 child and 4 percent have two.

Discussion

In this study South Asian women had higher educational degrees than non-South Asian women. This is because South Asian women from this country come from privileged backgrounds in terms of income and education. More South Asian women are married and get married much earlier in age than non-South Asians. The majority of South-Asian women have two children while non-South Asian women have only one child or none at all. This is because child-bearing and marriage are considered to be prime and foremost duties for women in South Asian societies (Kamal, 2004). Results disclose that very few South Asian women below age 19 go to obstetrician's offices. "The false notion is that only women need to go to an obstetrician for fertility reasons. There is no routine check-up for unmarried girls because it is assumed that single girls are not sexually active" (Kamal, 2004). Results show that the majority of South Asian women seek treatment for symptoms relating to a sexually transmitted disease or a

reproductive tract infection only after they are encouraged by someone to do so (Table 2). This is because many South Asian women lack decision-making when it comes to their reproductive health and are dependent on others for this input. Statistical analyses also show that most South Asian women are dependent on their husbands or family members to accompany them to the obstetrician's office (Table 3). A large percentage of women in this group state they would also turn to their husbands for answers to questions regarding their own reproductive health (Table 5). These results indicate South Asians' dependency on their male counterparts for assistance.

The majority of South Asian women state family and friends as their prime source of sexual knowledge. Within this group, only 16 percent state that school is their prime source while 34 percent of non-South Asians state school as a source of knowledge (Table 6). This difference may be due to the lack of implementation of a formal presentation of sex education on the Indian sub-continent. In this study, more non-South Asian women use a family planning method, or form contraception when compared to South Asians, however, the differences are quite small (Table 8). Because subjects for this study were located in obstetrician's offices we may assume that these women were already attempting to manage their reproductive health effectively. This may be why many South Asian women are using a form of contraception. Medical insurance may be another reason for this small difference. South Asian women may be taking advantage of health insurance here because it is much more accessible in the United States than in India. These small differences lead me to conclude that the women we were targeting are not the majority in this study. The fact that I collected data from subjects located in doctor's offices skewed my results. The ideal case to study would include women located outside the scope of health facilities for the reason that there are two different groups of South Asian women. South Asian women located in the obstetrician's office have the following attributes: 1) highly educated and 2) fall under higher income bracket, which predisposes them to greater autonomy and financial freedom in addressing their health needs. South Asian women outside of this group would likely respond much more in line with the prior description given on how South Asians manage their reproductive health. These women would be located in places such as Indian grocery stores, temples, and/or malls. Had I enough resources to conduct a larger survey, I would have enlarged the scope of the survey to include individuals from places such as these. Then the differences between South Asian and non-South Asians would likely have been much more pronounced.

It is interesting to note that although South Asian women in this study have a higher income and higher education, they are still limited in making decision towards their health. Cultural barriers may be the reason why results reveal large differences between South Asians compared to non-South Asians. Where there should be very small differences between these two groups, there are quite large differences. A large percentage of South Asian women may be taking advantage of the medical insurance available in the United States and therefore feel comfortable to take advantage of these reproductive health services here so long as they are not a financial burden to their husbands. Because this option is not available on the Indian sub-continent many women do not take their health seriously enough to spend money on treatment (Kamal, 2004 pers. Comm). Small differences may also exist between these two groups because there may be another group of women within the South Asian community who are under-represented in this study. Because women were located in OB/GYN practices, it is assumed that most of the respondents came to these health clinics with the intention of bettering their health. As a result, South Asian women who fall into a higher income category and may not be highly educated, but who are not accessible to reproductive health services are not significantly represented in this research. A follow-up to this study may be to distribute questionnaires to women located in South Asian grocery stores, movie theatres, South Asian restaurants, and temples. The under-represented group in my study will not be found in health clinics because this group of women are not accessible to these facilities. Data is limited as it includes mostly numbers, providing “black and white” responses. Because no personal communication took place with these women other existing factors may be responsible for why and how they manage their reproductive health.

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Appendix A

(UCB letterhead)

Management of Reproductive Health Among Women From the Indian Subcontinent Questionnaire

INFORMED CONSENT

Hello. My name is Bhumi Bhutani. I am an undergraduate in the Department of Environmental Sciences at UC Berkeley. I have compiled a questionnaire on women and their reproductive health and would greatly appreciate your participation. The questionnaire will take you approximately 5-7 minutes to complete. Once you have completed the questionnaire please retain this page for yourself and place the completed questionnaire into the envelope provided. There is no substantial benefit to you or risks involved from the research. All of the information that I obtain from you will be kept confidential. Your participation in this research is voluntary. If you have any questions you may call me, Ms. Bhutani, at 510-883-9832. If you have any questions about your rights as a participant in this research project, please contact the University of California at Berkeley, CPHS (510)-642-7461, email:subjects@uclink.berkeley.edu.

SECTION 1. RESPONDENT'S BACKGROUND

You may answer starred (*) questions with multiple answers

1. What is your present age?

- a. 19 years and below
- b. Between 20-29
- c. Between 30-39
- d. 40 and over

2. Where were you born?

- a. Indian subcontinent
- b. United States
- c. Other (specify) _____

3. How old were you when you FIRST came to the U.S.?

- a. 10 years or below
- b. Between 11-20
- c. Over 20
- d. Not applicable

4. What are the circumstances under which you FIRST came to the United States?

- a. marriage to expatriates
- b. employment/education
- c. Moved with family
- d. Other (specify) _____
- e. Not applicable

5. Marital Status:

- a. Married (go to question 6)
- b. Never married (go to question 7)
- c. Divorced/Separated/Widowed (go to question 7)
- d. living together in a marriage-like relationship (go to question 7)

5b. What is your ethnicity?

- a. South Asian (Indian sub-continent)
- b. Caucasian
- c. Hispanic
- d. African American
- e. Asian (Chinese, Japanese)

6. How old were you at the time of your first marriage?

- a. 15 years or below
- b. Between 16-19
- c. Between 20-24
- d. Between 25 and 29
- e. 30 or over

7. From where did you obtain your last educational degree?

- a. United States
- b. Indian subcontinent
- c. Other (specify) _____

8. What degree was this?
- a. High School
 - b. Undergraduate
 - c. Graduate
 - d. Other (specify) _____

SECTION 2. CONTRACEPTION

9. Are you sexually active?
- a. Yes
 - b. No (go to question 12)
10. If YES, how many sexual partners do you presently have?
- a. 1
 - b. more than 1
11. At what age did you become sexually active?
- a. Between 15-19
 - b. 20-30
 - c. Over 30
12. Where did you FIRST learn about sex? *
- a. School
 - b. Family Members/Friends
 - c. Media (e.g. TV, Books, Magazines, Radio,)
 - d. Other (specify) _____
13. Are you presently using any contraceptive method?
- a. Yes
 - b. No (go to question 18)
14. If YES, which method are you presently using? *
- a. Pill
 - b. IUD
 - c. Injections/Implants
 - d. Condom
 - e. Female sterilization
 - f. Male sterilization
 - g. Safe period (or rhythm)
 - h. Withdrawal
 - i. Other (specify): _____
15. How did you FIRST hear about this method? *
- a. Doctor/OB/GYN
 - b. husband
 - c. Family Member/Friend
 - d. Your informed choice
 - e. Media

f. Other (specify) _____

16. Are you experiencing side effects?

a. Yes

b. No (go to question 18)

17. If YES, what symptoms do you experience? *

a. Nausea

b. Headaches

c. Dizziness

d. Heavy bleeding

e. Cramps

f. weight gain/loss

g. Other (specify): _____

SECTION 3. Sexually Transmitted Diseases and Reproductive Tract Infections

18. Have you ever experienced any of the following? *

a. abnormal vaginal discharge/itching

b. back pain/abdominal pain

c. ulcer in the sex organs

d. burning during urination

e. pain during intercourse

f. Other (specify) _____

g. If NO to all the above, go to question 23

19. Did you seek treatment?

a. Yes

b. No (go to question 23)

20. If YES, where did you FIRST go for treatment?

a. Doctor/OB/GYN

b. Self treatment

c. Husband

d. Family Member/ Friend

e. Other (specify) _____

21. Did someone encourage you to seek treatment?

a. Yes

b. No (go to question 23)

22. If YES, who?

a. Husband

b. Family Member/Friend

c. Other (specify) _____

23. Do you know what Reproductive Tract Infections and Sexually-transmitted Diseases are?

a. Yes

b. No (go to question 26)

24. Do you know how you can get them?

- a. Yes
- b. No (go to question 26)

25. If YES, how can you get them? *

- a. sexually transmitted
- b. kissing
- c. blood transfusion
- d. pregnant mother to baby
- e. sharing syringe
- f. Other, please specify:

SECTION 4. SOURCE OF INFORMATION

26. Do you have an Obstetrician / Gynecologist, sometimes called an OB/GYN?

- a. Yes
- b. No (go to question 31)

27. If YES, how often do you go to your OB/GYN?

- a. once a year
- b. 3-4 times a year
- c. once a month
- d. Other (specify): _____

28. Why did you go on your last visit?

- a. routine check-up
- b. specific problem
- c. family prompting

29. Did anyone accompany you to the OB/GYN?

- a. Yes
- b. No (go to question 31)

30. If YES, who?

- a. Husband
- b. Family Member/Friend
- c. Other (specify) _____

31. If you had a question or query about your reproductive health, who would you ask FIRST?

- a. Husband
- b. Research yourself (e.g. Internet, books, magazines)
- c. obstetrician/gynecologist
- d. Other (specify) _____

32. Do you think you have enough information to manage your reproductive health?

- a. Yes (go to question 34)
- b. No

33. If No, what would be an acceptable source of information for you? *

- a. School
- b. obstetrician/gynecologist

- c. Husband
- d. Family Member/ Friends
- e. Media (e.g. books, magazines, TV, radio, internet)
- f. Social Organizations designed specifically for Women

SECTION 5. FERTILITY

34. Do you have children?

- a. Yes (go to question 35)
- b. No (go to question 40)

35. How many children do you have?

- a. 1
- b. 2
- c. 3
- d. 4 or more

36. At what age did you have your first child?

- a. 19 years and below
- b. Between 20-29
- c. Between 30-35
- d. Other (specify) _____

37. Did you have a sex preference for your first child?

- a. Yes (go to question 38)
- b. No (go to question 40)

38. If Yes, did someone influence this preference?

- a. Yes (go to question 39)
- b. No (go to question 40)

39. If Yes, then who?

- a. Family/Friends
- b. Husband
- c. Other (specify) _____

40. Please state how many pregnancies you have had.

41. Please state how many of them ended in abortions/miscarriages?

One last question:

42. What is your current family income (yearly)?

- a. Less than \$20,000
- b. \$20,000- \$39,999
- c. \$40,000-\$79,999
- d. \$80,000 or above

Appendix B

Variable	South Asian %	Non-South Asian %
<i>Respondent's Age</i>		
Below 19	12.0	34.0
20-29	44.0	50.0
30-39	30.0	12.0
40+	14.0	4.0
<i>Age First Came to U.S.</i>		
Below 10	16.0	12.0
11-20	16.0	16.0
20+	50.0	4.0
Born Here/not applicable	18.0	66.0
Missing value	0	2.0
<i>Marital Status</i>		
Married	58.0	14.0
Never married	42.0	70.0
Divorced/separated/widowed	0	8.0
cohabiting	0	4.0
Missing value	0	4.0
<i>Age at First Marriage</i>		
Below 15	2.0	0
16-19	12.0	4.0
20-24	34.0	8.0
25-29	10.0	6.0
30+	0	4.0
Not applicable	42.0	74.0
Missing value	0	4.0
<i>Education/Highest Degree</i>		
High School	42.0	76.0
Undergraduate	28.0	16.0
Graduate	30.0	4.0
Other	0	2.0
Missing value	0	2.0

<i>Sexually Active</i>		
Yes	64.0	56.0
No	36.0	44.0
<i>Number of Partners</i>		
One	62.0	44.0
More than one	2.0	6.0
Not applicable	34.0	42.0
Missing value	2.0	8.0
<i>Age Became Sexually Active</i>		
15-19	14.0	46.0
20-30	50.0	14.0
30+	2.0	0
Not applicable	30.0	38.0
Missing value	4.0	2.0
<i>Source of Sexual Knowledge</i>		
School	16.0	34.0
Family Members/Friends	52.0	46.0
Media	30.0	14.0
Not applicable	2.0	4.0
Missing value	0	2.0
<i>Presently Using Contraception</i>		
Yes	44.0	46.8
No	56.0	48.0
<i>Experiencing Side Effects</i>		
Yes	16.0	8.0
No	30.0	36.0
Not applicable	54.0	54.0
<i>Experiencing STD Symptoms</i>		
Yes	66.0	52.0
No	30.0	44.0
Missing value	4.0	4.0
<i>Sought Treatment for Symptoms</i>		

Yes	44.0	34.0
No	20.0	16.0
Not applicable	32.0	46.0
Missing value	4.0	4.0
<i>Presently Have an OBGYN</i>		
Yes	60.0	60.0
No	36.0	38.0
Missing value	4.0	2.0
<i>Accompanied on OBGYN visit</i>		
Yes	34.0	10.0
No	30.0	52.0
Not applicable	34.0	36.0
Missing	2.0	2.0
<i>Children</i>		
Yes	42.0	10.0
No	56.0	88.0
<i>Children Ever Born</i>		
One Child	16.0	6.0
Two Children	18.0	4.0
Three Children	10.0	0
Not applicable	54.0	88.0
Missing value	2.0	2.0
<i>Income</i>		
Below \$20,000	8.0	10.0
\$20,000-\$39,000	2.0	10.0
\$40,000-\$79,000	24.0	34.0
\$80,000 +	60.0	42.0
Missing Value	6.0	4.0

Table 6: Background characteristics of South Asians and non-South Asians in the study