

Reproductive health and wellbeing: complementary to each other

■ Gaytri Tiwari and Sneha Jain

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■ **ABSTRACT** : Generally, women's health receives attention only during pregnancy and the immediate post-partum period. A women's health agenda was first articulated at the Fourth World Conference on Women held in Beijing in 1995. In the resulting Beijing Declaration and Platform for Action, a roadmap for gender equality and women's empowerment was outlined, with a major focus on reproductive and sexual health (SRH) issues, which were the main killers of women then. Present study was carried out in order to find out the reasons of Reproductive Health and wellbeing problem in women children between the age group of 1-6 years and to provide results based remedial solutions and interventions. For this purpose, samples were selected from different villages of nine states in India which includes Assam (Jorhat), Andhra Pradesh (Hyderabad), Haryana (Hissar), Himachal Pradesh (Palampur), Uttar Pradesh (Pantnagar), Rajasthan (Udaipur), Maharashtra (Parbhani), Punjab (Ludhiana), Karnataka (Dharwad) Tamil Nadu (Madurai), Meghalaya (Tura). The wellbeing of women covers five major aspects on physical, social, emotional, spiritual and intellectual. Data analysis was done using frequency, percentage distribution. Results revealed that in the maximum states, the reproductive factor was average only two state were having good reproductive health. Parbhani, and all the states were having average wellbeing of women.

■ **KEY WORDS**: Reproductive health, Wellbeing, Women's health

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See end of the paper for authors' affiliations →

Sneha Jain

College of Community and Applied Sciences, Maharana Pratap University of Agricultural Sciences, Udaipur (Rajasthan) India
Email : snehajain8349@gmail.com

Reproductive health is a 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 its processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this

last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for the regulation of fertility which are not against the law, and the right of access to appropriate health-care services that enable women to go safely through pregnancy and childbirth and provide couples with the best chance of

having a healthy infant. ... It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases. Linking fertility regulation to other positive goals of reproductive health was seen as a call for change in the focus of population policy and for commitment of resources to meet previously neglected health needs. The Programme of Action entails both expansion and reform of health services, as well as action by sectors other than health to create the supportive environment for improvements in reproductive health. Implementing the Programme of Action will require improvements in the quality and range of existing services, as well as basic and applied research on new services. It will also require information on the magnitude of reproductive health problems, the effectiveness and feasibility of alternate actions to overcome the problems, and the resources needed to do so. Good mental health and wellbeing is an important part of our physical health, our relationships, our education, our work and to achieving our potential. It can help us to cope with life's problems and to enjoy the good things that life has to offer. Mental health problems can affect anyone, regardless of age, race, gender or social background and mental health disorders take many different forms and affect people in different ways. If you are concerned about your mental health you should see your GP for advice and treatment. There are solutions that can be built into our lives to help promote our mental wellbeing. Building these solutions into your life can be fun and they may help to protect your wellbeing at times of stress.

Objectives:

- To assess knowledge/practices among married women regarding reproductive health.
- To find out the psychological well being of married women.

■ RESEARCH METHODS

Locale of the study:

The married women from the eleven states of India were randomly selected. Sample having children below 6 years of age (185-325 from each centre) belonging to the operational villages of AICRP on Home Science.

Tool and it's description:

- Reproductive Health Knowledge Check list consists of 33 questions was administered on the selected subjects. The summarized score is categorized as poor knowledge, average knowledge, good knowledge.
- The Psychological wellbeing scale, developed by Chassney (2014) consists of 50 questions on five dimensions namely physical, social, emotional, spiritual and intellectual was used. The summarized score is categorized as good, average, below average and poor.

Procedure of data collection:

The tools were administered on the subjects in the presence of the investigator after getting consent from selected sample. To respond, the subjects were required to tick mark any one alternative from the choices given, which they found most appropriate in their cases. Although clear instructions were given for each tool yet, the investigator always remained available for further clarifications. The respondents were requested to give accurate information and the assurance for the confidentiality of the information was given.

■ RESEARCH FINDINGS AND DISCUSSION

The results obtained from the present investigation as well as relevant discussion have been summarized under following heads :

Reproductive health:

Reproductive health implies that people are able to

Table 1 : Knowledge regarding reproductive health

Knowledge regarding Reproductive Health	Centers										
	AAU, Jorhat (n=325)	PJTSAU, Hyderabad (n=300)	CCSHA U, Hisar (n=300)	CSKHPKV, Palampur (n=304)	GBPAUT, Pantnagar (n=300)	MPUAT, Udaipur (n=300)	VMNKU, Parbhani (n=300)	PAU, Ludhiana (n=185)	UAS, Dharwad (n=300)	TNAU Tamil Nadu (n=300)	CAU Tura (n=300)
Poor Knowledge	0 (0.00)	115 (38.00)	7 (2.33)	0 (0.00)	0 (0.00)	105 (35.00)	0 (0.00)	0 (0.00)	34 (11.3)	0 (0.00)	0 (0.00)
Average Knowledge	75 (23.08)	101 (34.00)	293 (97.7)	0 (0.00)	189 (63.00)	122 (40.66)	287 (95.66)	58 (31.4)	168 (56.00)	105 (35.00)	139 (46.33)
Good Knowledge	250 (76.92)	84 (28.00)	0 (0.00)	304 (100)	111 (37.00)	73 (24.33)	13 (4.33)	127 (68.6)	98 (32.7)	195 (65.00)	161 (53.66)

have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide. One interpretation of this implies that men and women ought to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control; also access to appropriate health care services of sexual, reproductive medicine and implementation of health education programmes to stress

Table 2 : Psychological wellbeing assessment

Sr. No.	Centre	Category	Areas				
			Physical	Social	Emotional	Spiritual	Intellectual
1.	AAU, Jorhat (n=325)	Very Good	5 (1.54)	156 (48.00)	76 (23.38)	142 (43.69)	56 (17.23)
		Good	59 (18.15)	10.5 (32.31)	173 (53.23)	125 (38.46)	130 (40.00)
		Average	228 (70.16)	63 (19.38)	74 (22.77)	58 (17.85)	139 (42.77)
		Poor	33 (10.15)	1 (0.31)	2 (0.62)	0 (0.00)	0 (0.00)
2.	PJ TSAU, Hyderabad (n=300)	Very Good	40 (14.00)	78 (26.00)	63 (21.00)	76 (25.00)	39 (13.00)
		Good	135 (45.00)	109 (36.00)	36 (63.00)	125 (42.00)	98 (33.00)
		Average	100 (33.00)	113 (38.00)	122 (41.00)	99 (33.00)	121 (40.00)
		Poor	25 (8.00)	0 (0.00)	7 (2.00)	0 (0.00)	42 (14.00)
3.	CCSHAU, Hisar (n=300)	Very Good	5 (2.00)	56 (19.00)	27 (9.00)	49 (16.00)	33 (11.00)
		Good	24 (8.00)	91 (30.00)	56 (19.00)	63 (21.00)	101 (33.00)
		Average	230 (76.00)	148 (49.00)	198 (66.00)	168 (56.00)	158 (53.00)
		Poor	41 (14.00)	5 (2.00)	19 (6.00)	20 (7.00)	8 (3.00)
4.	CSKHPKV, Palampur (n=304)	Very Good	0 (0.00)	0 (0.00)	0 (0.00)	85 (27.96)	0 (0.00)
		Good	0 (0.00)	221 (71.69)	91 (29.93)	7 (2.3)	48 (15.78)
		Average	252 (82.89)	83 (27.3)	213 (70.06)	297 (97.69)	256 (84.21)
		Poor	52 (17.1)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
5.	GBPAUT, Pantnagar (n=300)	Very Good	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
		Good	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
		Average	3 (1.00)	14 (5.00)	12 (4.00)	9(3.00)	16 (5.00)
		Poor	297 (99.00)	286 (95.00)	288 (96.00)	291 (97.00)	284 (95.00)
6.	MPUAT, Udaipur (n=300)	Very Good	4 (1.3)	82 (27.33)	10 (3.33)	30 (10.00)	38 (12.66)
		Good	12 (4.04)	82 (27.33)	114 (38.00)	110 (36.66)	80 (26.66)
		Average	166 (55.33)	82 (27.33)	74 (24.66)	104 (34.67)	118 (39.33)
		Poor	118 (39.33)	54 (18.01)	102 (34.01)	56 (18.67)	64 (21.35)
7.	VMN KU, Parbhani (n=300)	Very Good	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0(0.00)
		Good	0 (0.00)	0 (0.00)	0 (0.00)	25 (8.33)	95 (31.66)
		Average	0 (0.00)	300 (100)	75 (25.00)	100 (33.33)	205 (68.33)
		Poor	300 (100)	0 (0.00)	225(75.00)	175 (58.33)	0 (0.00)
8.	PAU, Ludhiana (n=185)	Very Good	0 (0.00)	0 (0.00)	0 (0.00)	40 (21.62)	0 (0.00)
		Good	0 (0.00)	50 (27.02)	0 (0.00)	35 (18.91)	0 (0.00)
		Average	104 (56.21)	80 (43.24)	130 (70.27)	50 (27.02)	72 (38.91)
		Poor	81 (43.48)	55 (29.72)	55 (29.72)	60 (32.43)	113 (61.08)
9.	UAS, Dharwad (n=300)	Very Good	1 (0.34)	24 (8.00)	4 (1.3)	1 (0.3)	11 (3.7)
		Good	37 (12.4)	56 (18.7)	24 (8.00)	24 (8.00)	13 (4.7)
		Average	188 (62.7)	189 (63.00)	233 (77.7)	185 (61.6)	212 (70.7)
		Poor	74 (24.6)	31 (10.3)	39 (13.00)	90 (30.00)	64 (21.3)
10.	NAU, Tamil Nadu (n=300)	Very Good	0 (0.00)	4 (1.33)	1 (0.33)	0 (0.00)	0 (0.00)
		Good	26 (8.87)	111 (37.00)	0 (0.00)	11 (3.67)	9 (3.00)
		Average	212 (70.67)	162 (54.00)	289 (96.33)	226 (75.33)	266 (88.67)
		Poor	72 (20.67)	23 (7.67)	10 (3.33)	63 (21.00)	25 (8.33)
11.	CAU, Tura (n=300)	Very Good	7 (28.00)	80 (26.66)	12 (4.00)	110 (36.66)	0 (0.00)
		Good	209 (69.66)	217 (72.33)	238 (79.33)	188 (62.66)	254 (85.00)
		Average	84 (2.33)	3 (1.00)	50 (16.66)	2 (0.66)	46 (15.33)
		Poor	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.66)	0 (0.00)

the importance of women to go safely through pregnancy and childbirth could provide couples with the best chance of having a healthy infant.

Table 1 knowledge on reproductive health women's from majority of the centers specifically Jorhat (23.08%), Hisar (97.07%), Pantnagar (63.00%), Udaipur (40.66%), Parbhani (95.66%) and Dharwad (56.00%), were having average knowledge on reproductive health. Only in Hyderabad (38%) women's were having poor

reproductive knowledge whereas in two centers that is Palampur (100%) and Ludhiana (68.6%) women's were having good knowledge on reproductive health.

Wellbeing assessment tool:

Wellness refers to diverse and interconnected dimensions of physical, mental, and social well-being that extend beyond the traditional definition of health. It includes choices and activities aimed at achieving physical

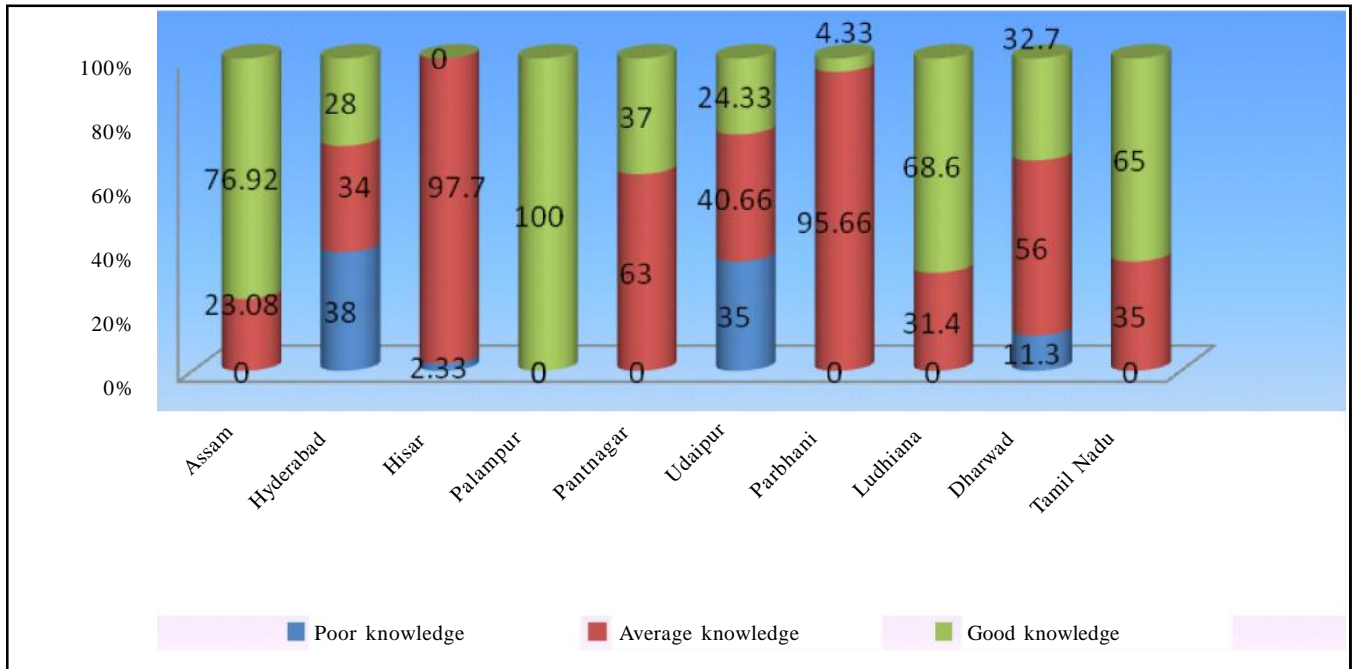


Fig. 1 : Reproductive health

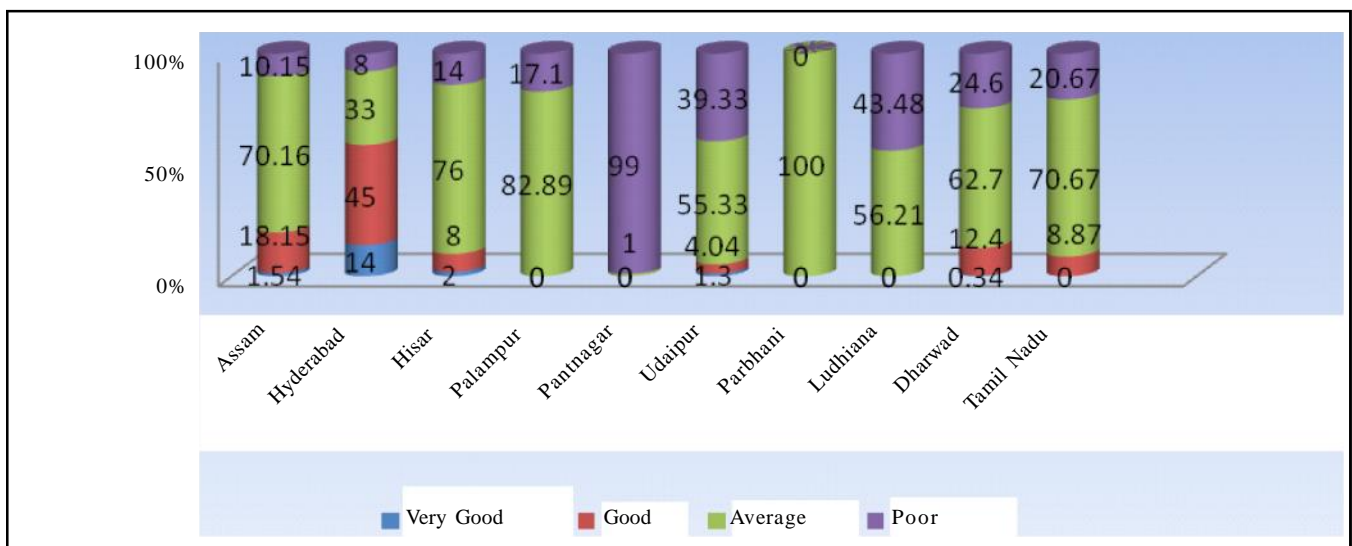


Fig. 2 : Psychological physical wellbeing

vitality, mental alacrity, social satisfaction, a sense of accomplishment, and personal fulfillment.

Table 2 Results on aspect wise Psychological well being clearly represent that majority of the respondents from Jorhat (70.16%), Hisar (76%), Udaipur (55.33%), Dharwad (62.7%) and Tamil Nadu (70.67%) were having average physical well being and Palampur (53.94%), Pantnagar (99%), Parbhani (100%) and Ludhaina (60%). Hyderabad (45%) lies in good physical wellbeing. Followed by Jorhat, Hisar, Udaipur and Dharwad where the respondents were having average

physical wellbeing. It's disheartening to share that in spite of the efforts done by Go's and NGO's the samples from four centers namely Palampur, Pantnagar, Parbhani, and Ludhaina were having poor physical wellbeing. In case of social wellbeing it's good to note that Jorhat is ahead among all the centers with (48%) of the samples fallen into the category of very good followed by Hisar, Parbhani and Dharwad where the subjects were having average social wellbeing. It's very discouraging that the respondents from Palampur, Lundhaina, Pantnagar were having poor social wellbeing. Its interesting to note that

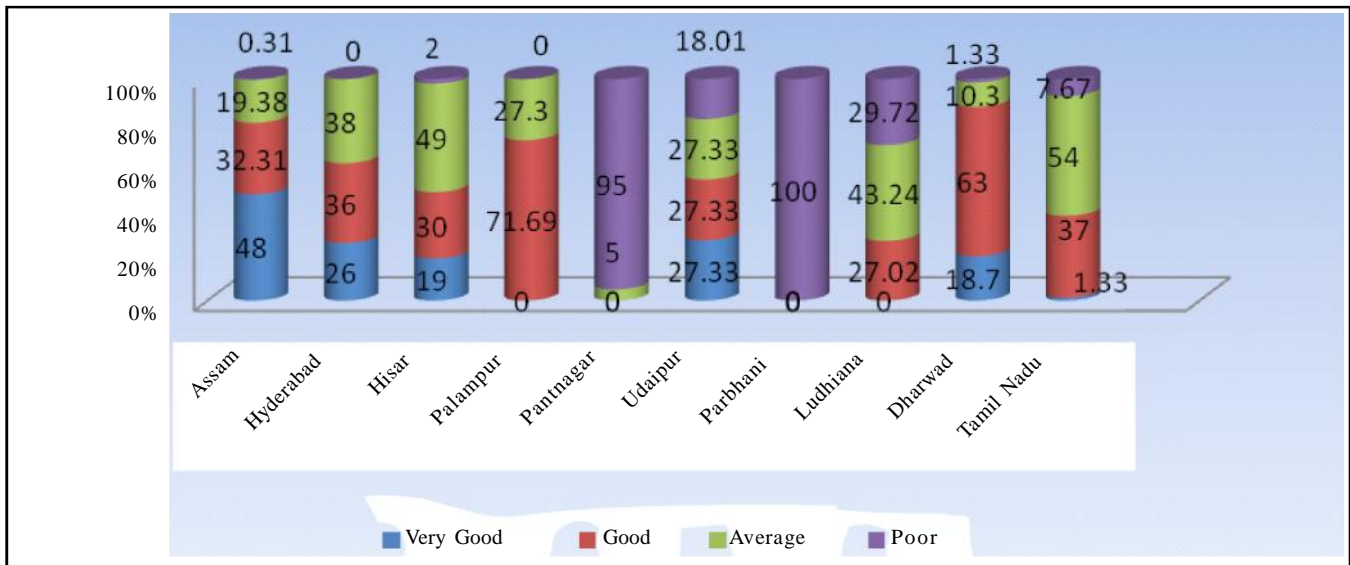


Fig. 3 : Psychological social wellbeing

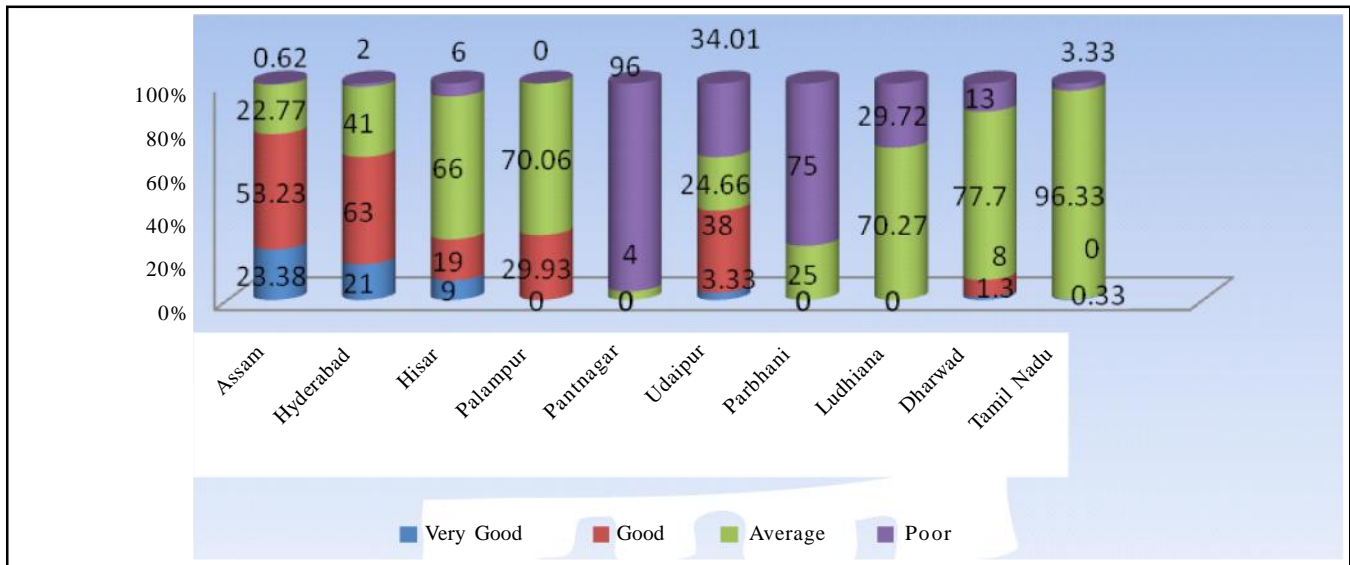


Fig. 4 : Psychological emotinal wellbeing

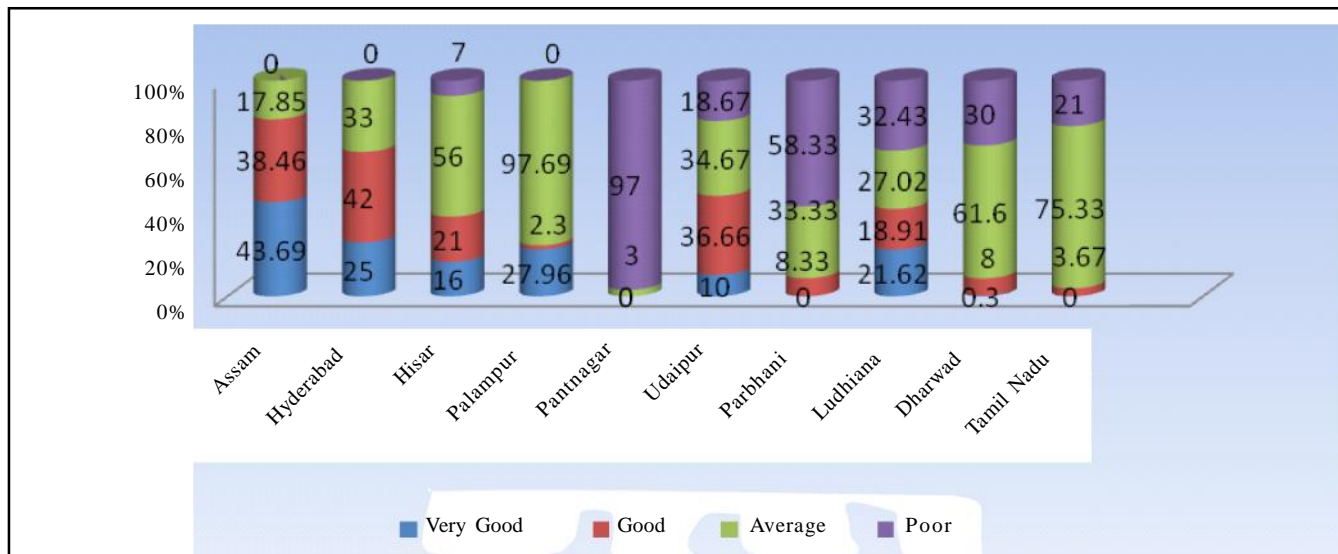


Fig. 5 : Psychological spiritual wellbeing

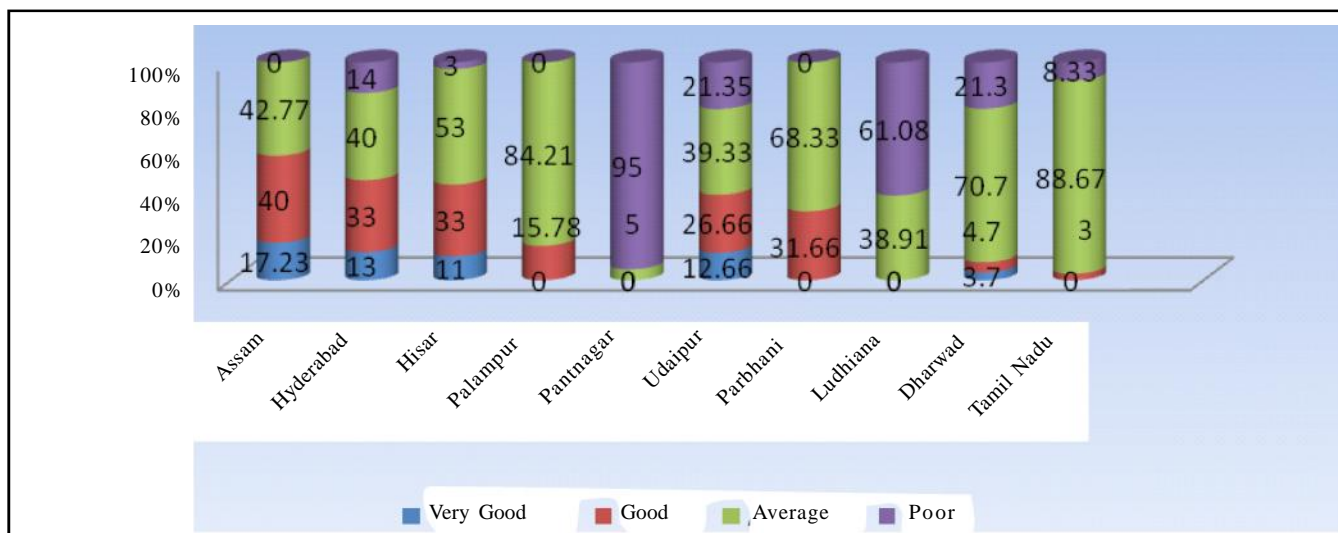


Fig. 6 : Psychological intellectual wellbeing

the respondents were somewhat equally representing in three categories at Udaipur that is very good, good and average. In case of emotional wellbeing only two centers were having subjects with good emotional wellbeing that is Jorhat and Hyderabad. Results indicating a dire need for the intervention to improve emotional and psychological wellbeing of women particularly in Palampur, Pantnagar, Udaipur and Parbhani centers. The respondents from remaining four centers were belonging to average category which is also on the urge of intervention. With regard to intellectual wellbeing only two centers Palampur and Pantnagar were having poor

category and remaining all centers were fallen in average category.

Recommendations:

The diversity of rural communities necessitates local solutions to local problems. The study recommends formulation and implementation of effective strategies to improve reproductive health status of the rural women. Health care professionals should be aware of this issue and advocate for reducing health discrepancy in rural women. Government and concerned organizations should promote and strengthen various health education

programmes to focus on reproductive health, especially among women in rural area. The results could be used as an important guide to assist policy makers and administrators in evaluating and designing the programmes and strategies for improving reproductive health services in various dimensions with a special consideration for rural married women. There is a need to encourage research on the education, employment and poverty divergence that affect the overall wellbeing of women.

Conclusion:

The findings of this study indicated the need for planning the programmes targeted toward the improvement of sexual and reproductive health among women. Further studies are recommended to investigate the needs of sexual and reproductive health in women in several provinces using complementary diagnostic tests.

Implications of the study:

The results will help policy makers and human development professionals to gain a deeper understanding of the underlying reproductive health and wellbeing among rural women. It would be helpful for all the counsellors and other professionals dealing with women suffering from reproduction problem and wellbeing. This study will serve as a useful reference material for future studies in this field. The data of the study would be highly useful for the women.

Authors' affiliations:

Gaytri Tiwari, College of Community and Applied Sciences, Maharana Pratap University of Agricultural Sciences, Udaipur (Rajasthan) India
(Email : tiwarigaytri@gmail.com)

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