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Reproductive health knowledge of married women in the rural community of Udaipur

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ABSTRACT

Rural women experience poorer health outcomes and have less access to health care than urban women. Many rural areas have limited numbers of health care providers, especially women's health providers. Reproductive health has been a great concern for every woman as majority of rural women living in rural locality are not aware of the importance of reproductive health. It is a crucial part of general health and a central feature of human development. Reproductive ill-health among rural women have been a apprehension to many stakeholders as maternal mortality and morbidity are very high in developing countries, especially in India compared to the developed world. The present study was conducted with an aim to evaluate the knowledge and practices regarding reproductive health of rural Indian married women. For this purpose, 300 rural married women from five operational villages of All India Co-ordinated Research Project (AICRP) between the age group of 18-24 years were selected. A checklist was used to assess the knowledge regarding reproductive health. Results revealed that majority of the respondents were having average knowledge regarding different aspects of reproductive health.

INTRODUCTION

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of reproductive disease or infirmity. Reproductive health deals with the reproductive processes, functions and system at all stages of life. Giri (2012) has explains reproductive health is a universal concern, but it is of special importance for women. Women's reproductive health is a vital part of her general health and is a reflection of health during childhood and crucial during adolescence and adulthood plays a pivotal role in being healthy beyond the reproductive years and affects the health of the next generation reproductive system. The health of the newborn is largely a function of the mother's health and nutrition status and of her access to health care. Health knowledge is considered as one of the key factors that enable rural women to be aware of their rights and health status in order to seek appropriate health services.

Indian rural women have low levels of both education and formal labour force participation. They typically have little autonomy, living under the control of first their fathers, then their husbands and finally their

sons. All of these factors exert a negative impact on the health status of Indian women. Poor health has repercussions not only for women but also for their families. Women in poor health are more likely to give birth to low weight infants. They also are less likely to be able to provide food and adequate care for their children. Finally, a woman's health affects the household economic well-being, as a woman in poor health will be less productive in the labour force (Kamalapur and Reddy, 2013).

Various factors which affects the reproductive health of rural women life includes their socio-economic circumstances, education, employment, living conditions and family environment, social and gender relationships and the traditional and legal structures within which they live. Sexual and reproductive behaviours are governed by complex biological, cultural and psychosocial factors. Therefore, the attainment of reproductive health is not limited to interventions by the health sector alone. Nonetheless, most reproductive health problems cannot be significantly addressed in the absence of health services and medical knowledge and skills. Reproductive health of women has largely been declining over a period of time (Quah, 2011).

Rural married women reproductive health is relatively a new area of health intervention in India and recently it is an important issue. Among the women, married adolescents are particularly vulnerable regarding reproductive health problems in India. It is very important to study and observe the overall rural situation and to know the differences between their knowledge and practices rural women follow in order to focus on reproductive health issues. Hence, the present study on the reproductive health status of women in rural areas of Udaipur was undertaken with the following objectives:

The objectives put forward for the present study were as follows:

– To find out the socio-economic status of the samples selected for the study

– To identify the reproductive health related knowledge of rural women in the selected area.

MATERIAL AND METHODS

Locale of the study:

The study was conducted in five operational villages of AICRP *viz.*, Mazam, Bagdunda, Mazawad, Jolawas, Gurjara Ka Guda.

Sample and its selection:

Total sample for the present study consisted of 300 married rural women selected randomly between the age group of 18-24 years of age.

Tools and its description:

Socio-economic status performa:

A standardized socio-economic status scale by Agarwal *et al.* (2005) was used to assess the family background information of students which includes parameters like educational and occupational status of parents, number of siblings, material possession, kind of locality, presence of farm animals, land holdings, number of earning members in the family etc.

Reproductive health checklist:

This checklist was developed in order to assess the knowledge of rural married women regarding reproductive health. It consists of 33 statements covering various dimensions of reproductive health such as female reproductive organs, menstruation health, menstruation duration and hygiene, personal hygiene, sanitary napkins and its disposal, risk due to unprotected sex, diet and myths associated with menstruation, menopause, contraceptives and legal age of marriage for girls and boys. Higher scores indicates good reproductive health knowledge.

Yes -3

Not sure- 2

Don't know – 1

Scores interpretation.

Range	Categories
>33	Poor knowledge
34-66	Average knowledge
67-99	Good knowledge

OBSERVATIONS AND ANALYSIS

It can be clearly reveal from Table 1 and Fig. 1 that majority of the respondents (84.66%) belonged to lower middle category whereas 6.33 per cent and 9.01 per cent of the respondents belonged to upper middle and poor category.

Table 2 and Fig. 2 clearly reveals that rural married women possess average knowledge regarding

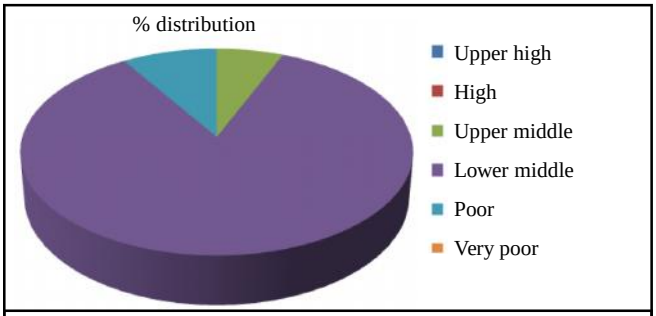

Fig. 1 : Socio- economic status of married women

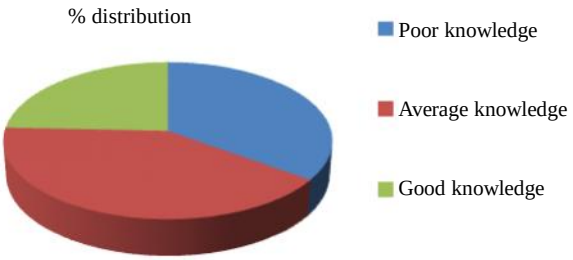

Fig. 2 : Reproductive health knowledge of married women

reproductive health. It is good to found that majority of the respondents (40.66%) had average knowledge regarding reproductive health. The reason for good reproductive knowledge among majority of respondents may be due to literacy and self-awareness towards their health. Also, Government and NGO's are working on various projects with an aim to improve reproductive health of rural women. This step can also be one of the reasons for better reproductive health knowledge among rural married women. On the other hand, 24.33 per cent and 35 per cent had shown good as well as poor reproductive knowledge. The reason for poor reproductive knowledge among few respondents may be due to illiteracy and lack of self-awareness towards importance of reproductive health. Bhargava (2012) has found in similar studies that the rural women in India get less opportunity to attend higher level of schools and therefore, lack in knowledge and information about health and its perspectives. Sakhuja (2008) found in his study that the people living in rural areas were not utilizing the services due to lack of awareness and timely interventions.

Rural women are loaded with household tasks in order to take care of elder members of the family, young children, livestock's etc. They hardly able to devote any quality time towards their health.

The consequences of women's unfavourable status in India include discrimination in the allocation of household resources such as food and in access to health care and education as well as marriage at young ages. Majority of the women workers are employed in the rural areas. Victoria and Adlakh (1998) reveal that Indian women have high mortality rates, particularly during childhood and in their reproductive years. The health of Indian women is intrinsically linked to their status in society and poor health has repercussions not only for women but also their families. Jakhar and Rajeshwari (2012) modified that globally women constitute almost half of the total population. Health of women is a matter of concern as due to child bearing and rearing processes women's health in terms of nutrition as well as medical care needs particular attention. Welfare of a country largely depends upon the welfare of its women and,

Table 1: Socio-economic status of married women

Sr. No.	Categories	Range	Frequency	% distribution
1.	Upper high	> 76	-	-
2.	High	61-75	-	-
3.	Upper middle	46-60	19	6.33
4.	Lower middle	31-45	254	84.66
5.	Poor	16-30	27	9.01
6.	Very poor	<15	-	-

Table 2: Reproductive health knowledge of married women

Reproductive health knowledge checklist		Frequency	%
Poor knowledge	< 33	105	35
Average knowledge	34-66	122	40.66
Good knowledge	67-99	73	24.33

therefore, their health and nutritional status is inseparably devoted with social, cultural and economic factors that influence every spheres of lives and it has resulted not only for themselves but also for the well-being of their children (particularly females), the functioning of households and the distribution of resources (Chandrasekhar, 2014). Therefore, there should not be any setbacks in providing at least primary health services to the female population. However, our country hardly gained any success in providing easy and free access of health to women. Women are discriminated at all the ages of their life span. They even enjoy a low status in all the spheres of life, whether it is from the family or community or society, organized or unorganized sector or even politics (Nagaraju and Umamohan, 2011).In these circumstances, the health status of the women folk is of greater importance, people, community and society at large under estimated the importance of women's health.

Conclusion:

Based on the results of the study, the level of reproductive health knowledge of the rural married women was not satisfactory. Reproductive health knowledge was poor among the illiterate, less aware and low income rural women.

Acknowledgement:

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Recommendation:

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 reproductive married 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 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 health of rural women.

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