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Knowledge on reproductive health of rural farm women

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Abstract

The study was aimed to know the knowledge on reproductive health of farm rural women by drawing a sample of 150 rural farm women belonged to the age group of 20-35 years, which were randomly selected from six villages of two taluka of Dharwad district. From each village 25 respondents were selected randomly. A preliminary survey was carried out to collect information regarding the total number of SHG groups in each village with the help of Anganwadi teachers. The socio economic status developed by Agarwal *et al.*, 2005 was used to know the socio economic status of rural farm women and a self structured questionnaire was used to assess the knowledge regarding reproductive health. The results indicated that majority of the rural farm women had medium knowledge where as very small percentage of women had high knowledge on reproductive health. Most of the respondents availed the government facilities and had delivery in hospital but still small per cent of the respondent reported home delivery. Bleeding was one of the major complication faced by the respondent while majority of the respondent have undergone the services of blood test, hemoglobin test, urine test, ultra sound test, consumed iron tablets/ syrup. Education and SES status had a significant association with the knowledge regarding reproductive health. Hence, the farming community especially the rural women should be educated with creating awareness about the reproductive health and the availability of different services provided by the government so that they have the healthy reproductive life.

Keywords: Knowledge on reproductive health, complication and services

1. Introduction

Reproductive health contributes enormously to physical and psychosocial comfort and closeness between individuals. Poor reproductive health is frequently associated with disease, abuse, exploitation, unwanted pregnancy, and death. The WHO defines reproductive health as a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health involves all of their productive processes, functions and systems at all stages of human life. Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. The WHO's specifically highlights the importance of an individual's right to maintain their own sexual health status. The definition suggests that reproductive health encompasses: the ability to reproduce, freedom to control reproduction, the ability to go through pregnancy and childbirth safely, with successful maternal and infant survival and outcomes obtaining information about and access to safe, effective and affordable methods of family planning, satisfying safe sex life, free from fear of pregnancy and disease, the ability to minimize gynecologic disease and risk throughout all stages of life. In this context the importance of reproductive health is a human right stated in international law which plays an important role in morbidity, mortality and life expectancy and reproductive health problems are the leading cause of women's ill health and mortality worldwide.

In India nearly 75% of the population lives in rural areas. These rural women especially belonging to agricultural families are mostly engaged in agricultural activities and also as laborers. The nature of work the women is usually involved drudgery and they are expected to do all domestic chores. That is not only they cope with the responsibility for child bearing and child rearing and meeting the daily requirements of the family by way of cooking, cleaning, look after poultry and cattle. They also provide nursing care to the sick, old and disabled in the family. All these factors contribute to health problems of the women.

Many women in these rural areas carry triple work load, in their households, in agricultural activity and in their reproductive role.

Healthy reproductive systems, processes, and functions are imperative components of adequate overall health. However, many internal as well as external factors may challenge an individual's ability to maintain reproductive health. It is important to keep in mind that reproductive health status may be determined by occurrences and exposures from *in utero* development until the final stages of life. Furthermore, the environment in which an individual lives, both natural and physical, may present important risk that may directly influence reproductive health. For instance, some occupational exposures (e.g works with hazardous pesticides) can have adverse effects in reproductive life. There are specific reproductive health problems that directly describe the health of an early pregnancy or the development of the fetus *in utero*. The major causes of maternal deaths are bleeding, severe anemia of various origin, puerperal sepsis and obstructed labor and toxemia of pregnancy. Early marriages, early pregnancies and short spaced pregnancies are also some of the factors underlying such high rates of maternal deaths. Low literacy level of mothers, low knowledge of nutrition, health education, lack of adequate maternity services and underutilization of the health services have further aggravated the problems.

However, the safety of the life of women in her reproductive age depends on a number of factors, such as number of pregnancies, number of miscarriages/ abortions and still births. Status of women in the society has been changing rapidly due to multiple factors such as, increased level of education, urbanization, media influence awareness of rights, job opportunities, industrialization, etc. Social changes have also improved the status of women. Education has brought revolutionary changes among women. Keeping all these issues in mind an attempt was made with the following objective

1. To know the knowledge level of reproductive health status of rural farm women.
2. To know the complications faced by pregnant rural farm women.
3. To know the practices following by pregnant rural farm women.

2. Material and Method

The total sample for the study comprised of 150 rural farm women belonged to the age group of 20-35 years, which were randomly selected from six villages of two taluka of Dharwad district. From each village 25 respondents were selected. A Preliminary survey was carried out to collect information regarding the total number of SHG groups in each village with the help of anganwadi teachers. The socio economic status developed by Agarwal *et al.*, 2005 [1] was used to know the socio economic status of rural farm women and a self-structured questionnaire was used to assess the knowledge regarding reproductive health. The questionnaire consists of 42 statements with alternative answers. Based on total scores respondents were categorized into low, medium and high respectively.

3. Results and Discussion

The level of knowledge on reproductive health by farm women's is indicated in the figure 1. Majority of the rural farm women had medium level of knowledge (99.3%) about reproductive health where as very small percentage (0.7%) of women had high level and none of them had poor knowledge about reproductive health. The reason might be that efforts

made by the Asha worker and most of the farm women had registered their names in the anganwadi center through which they obtained the minimum knowledge on reproductive health and its services.

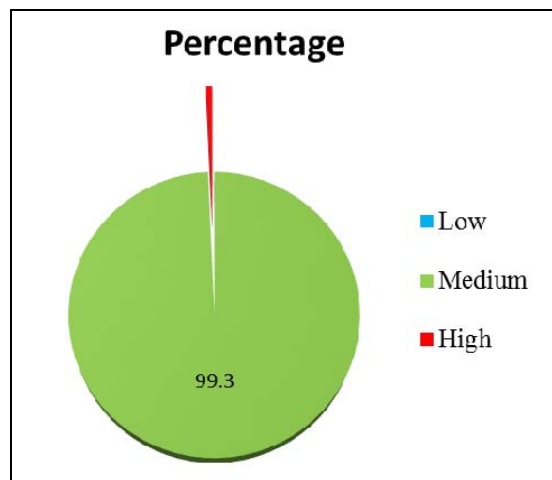


Fig 1: Level of knowledge on reproductive health by rural farm women's

Table 1: Particulars of knowledge on reproductive health

Sl. No	Knowledge about	Yes		No	
		Frequ ency	%	Frequ ency	%
1	Risk factors associated with prenatal condition	103	68.66	47	31.33
2	Type of delivery	98	65.33	52	34.66
3	Antenatal care services	94	62.66	56	37.33
4	Immunization during pregnancy	98	65.33	52	34.66
5	Process of child birth	62	41.33	88	58.66
6	Government facilities	113	75.33	37	24.66

Table 1 indicates the particulars of knowledge on reproductive health which indicated that about 75.33 per cent of them knew about the Government facilities available for the pregnant women followed by 68.66 per cent were aware of risk factors associated with prenatal condition, while around 65 per cent know about the different type of delivery methods and immunization taken during pregnancy and 62.33 per cent were aware about antenatal care services and the process of child birth by 41.33 per cent respectively. The table also highlights that more than half per cent of rural farm women were aware of knowledge regarding reproductive health and associated factors. A study conducted by Yasmin *et al.* (2009) [10] indicated that 98.6 per cent received antenatal care services.

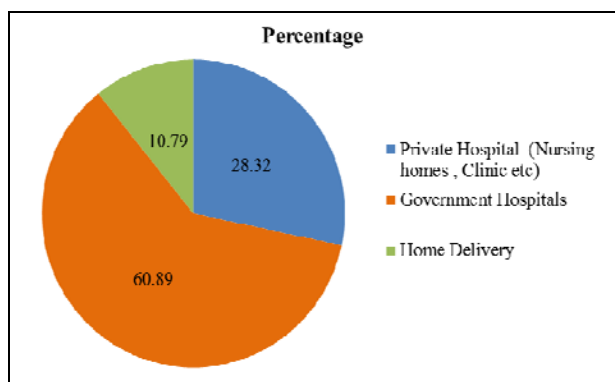


Fig 2: Place for delivery

The figure 2 indicates the place of delivery of the respondents. It is clear from the figure that most of them had their delivery in the government hospitals (60.89%) followed by private hospital (28.32%) and remaining 10.79 per cent had home delivery. Garg *et al.* (2010) [4] about two third of the

respondents deliveries took place at home. A study conducted by Yasmin *et al.* (2009) [10] indicated that about 96.2 per cent mentioned that hospital delivery as safe than home delivery (3.8%).

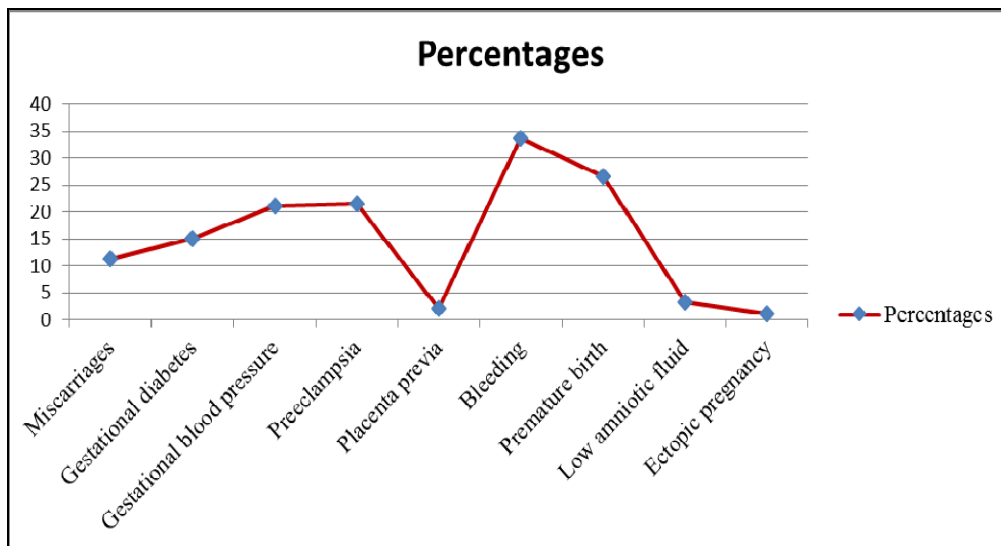


Fig 3: Complications faced by the respondents

The complications faced by the rural farm women is shown in the figure 3, which indicated that most of the had bleeding (33.68%) followed by premature birth (26.68), gestational blood pressure (21%), and preeclampsia (21.48%) and gestational diabetes (15%). Whereas least was found in case of placenta previa (2%), low amniotic fluid (3.33%) and ectopic pregnancy (1%). Tsartsara and Johnson (2006) [9] found that

women with a miscarriage history reported significant higher in pregnancy. A study conducted by Bekele *et al.* (2015) [3] reported the prevalence of preterm birth was found to be higher. The main factors for this were maternal history of chronic illness, problem in current pregnancy, presence of premature rupture of membrane, low income, has no antenatal follow up and hematocrit level.

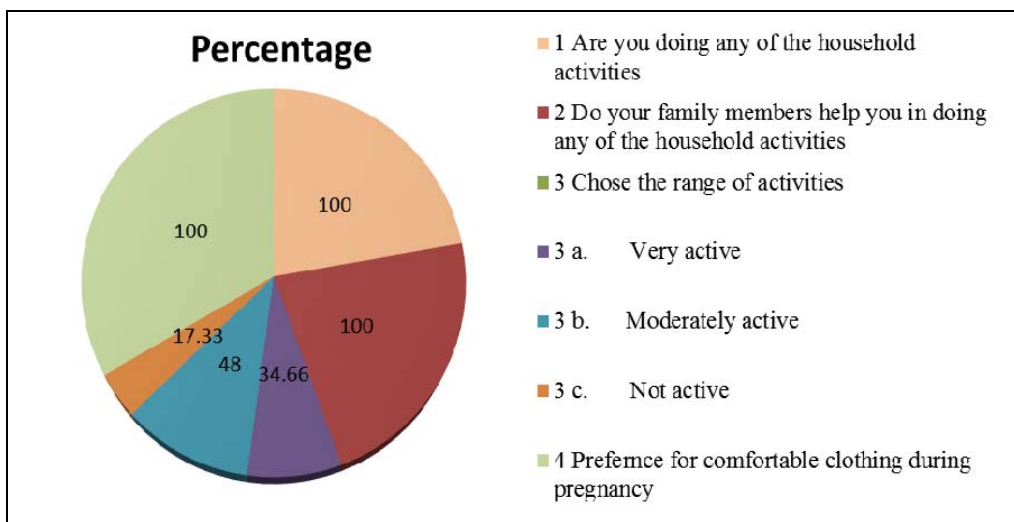


Fig 4: Special provision at home

The figure 4 indicates that all the respondents done their household activities alone with the help of their family members and used comfortable clothing during pregnancy with regard to range of activities carried out during pregnancy 48 per cent involved in moderate activity followed by very actively (34.66%) and not involved in activities (17.33%) in

their household chores. The reason is that the farm women takes leave from the field work and they are involved in the household work but not very heavy task to do in the household chores, which is seems to be the common trend in the rural farm women during the pregnancy.

Table 2: Services received during pregnancy

Sl. No	Services	Yes		No	
		Frequency	%	Frequency	%
1	Blood test	150	100	-	-
2	Hemoglobin test	150	100	-	-
3	Urine test	150	100	-	-
4	Blood pressure	139	92.66	11	7.33
5	Blood sugar level	107	71.33	43	28.33
6	Ultra sound test	150	100	-	-
7	Tetanus injection	142	94.66	8	5.33
8	Iron tablets / syrup	150	100	-	-
9	Calcium tablets	112	74.66	38	25.33
10	Folic acid drops	81	54	69	46
11	Anthropometric measurements	150	100	-	-
12	Any other	-	-	-	-

The table 2 indicated the services received during pregnancy as expressed by the respondents indicated that almost all the respondents undergone blood test, hemoglobin test, urine test, ultra sound test. They regularly consumed iron tablets/ syrup during pregnancy periods. It is also observed from the same table that the majority of the rural farm women availed the facilities provided by the Government at village level by registering their names in the anganwadi centre. Which they are getting regular free health check up and foods like rice, wheat, jaggery and green gram and the women will have to

come to the anganwadis for the midday meals, which will include egg and milk. Those who do not consume eggs will be given two glasses of milk will be provided for pregnant women. While 94.66 per cent took tetanus injection followed by 92.66 per cent check their blood pressure, 71.33 per cent checked blood sugar level, 74.66 per cent took calcium tablets and only 54 per cent took folic acid tablets. The study conducted by Gollakota *et al.* (2015) [6] indicated that about half of the respondents knew about the iron supplements and supply of iron tablets from Government hospital.

Table 3: Influence of age of respondents regarding knowledge on reproductive health

Age in years	Knowledge about Reproductive health			Total	Chi square
	Low	Medium	High		
20-25	-	26 (100.0)	-	26 (100.0)	0.95 ^{NS}
26-30	-	76 (98.70)	01 (1.29)	77 (100.0)	
31-35	-	47 (100.0)	-	47 (100.0)	

Figures in the parenthesis indicate percentages NS- Non-significant

The table 3 indicated that the knowledge regarding reproductive health of all the respondents belonged to the age group of 20-25 and 31-35 years (100% and 98.70%) of them had medium level of knowledge. While only 1.29 percent of the respondents in the age group of 26-30 were high level of knowledge regarding reproductive health. However chi square

test revealed that there is a positive and non- significant association between knowledge regarding reproductive health and age of the respondents. The study is in line with the study of Shalash and Mohammad (2012) [8] found that there was no significant relationship between age of pregnant women and knowledge reproductive health.

Table 4: Influence of education on knowledge of reproductive health

Education	Knowledge about Reproductive health			Total	Chi-square
	Low	Medium	High		
Illiterates	-	31 (100.0)	-	31 (100.0)	18.161*
Primary	-	58 (100.0)	-	58 (100.0)	
Secondary	-	47 (100.0)	-	47 (100.0)	
College	-	13 (92.85)	1 (7.14)	14 (100.0)	

Figures in the parenthesis indicate percentages * Indicates significant at 0.05 level

It is also observed from the table 4 that 100 per cent of the rural women belonging to illiterates, primary and secondary schooling type had medium level of knowledge regarding reproductive health. Very few rural women had completed their college (92.85%) had medium level of knowledge and only 7.14 per cent had high knowledge regarding reproductive

health. However there was positive and significant association between education and knowledge regarding reproductive health of rural women. A study conducted by Kabir and Khan (2013) [7] stated that level of education was significantly influenced knowledge on reproductive health.

Table 5: Influence of SES on knowledge of reproductive health

SES Categories	Knowledge about Reproductive health			Total	Chi-square
	Low	Medium	High		
High	-	-	-	-	0.021*
Medium	-	24(96.0)	1(4.00)	25(100.0)	
Low	-	125(100.0)	-	125(100.0)	

Figures in the parenthesis indicate percentages * indicates significant at 0.05 level

It was noticed from the table 4 that (96% and 100%) of the rural women who belonged to medium and low level of SES who had medium level of knowledge on reproductive health. While only 4 per cent had high knowledge on reproductive health that belongs to medium level of SES. However there was significant association between SES and knowledge regarding reproductive health. The study conducted by Gupta *et al.* (2015) [5] showed that the socio-economic status had statically significant association with adequate knowledge.

4. Conclusion

The study found that most of the respondents had medium knowledge regarding reproductive health, while about three fourth of the respondents knew about the particulars of pregnancy. Most of the respondents availed the government facilities and had delivery at hospital but still small per cent of the respondent reported home delivery which may lead to complication. Bleeding was one of the major complication faces by the respondent while the entire respondent undergone for blood test, hemoglobin test, urine test, ultra sound test, took iron tablets/ syrup. Education and SES status had a significant association found between the knowledge regarding reproductive health. Hence the study indicates the greater provision for the educators to educate the rural women on the issues of reproductive health because it is a major or the central issues of women's health so that the morbidity and mortality rate will be reduced.

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