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Knowledge level and practices of reproductive health of rural women

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Abstract

The present study entitled “Knowledge Level and Practices of Reproductive Health of Rural Women” was carried out in Jorhat district of Assam with the objectives to assess the knowledge level on reproductive health of rural women and to find out the reproductive health practices of rural women. From Jorhat district, eleven (11) villages were selected randomly for the research study. The study was conducted among 325 young rural mothers having children below 5 years of age. The findings revealed that majority of the respondents had good knowledge on reproductive health and they follow the correct practices.

Keywords: Reproductive health, knowledge, practice

Introduction

The World Health Organization defines reproductive health as a state of complete physical, mental and social well-being and not merely the absence of reproductive disease or infirmity. It deals with the reproductive processes, functions and system at all stages of life (Pujar *et al.* 2017).^[4] Reproductive health also 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. Reproductive health includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases. It is a crucial part of general health and a central feature of human development. It reflects the health during childhood and crucial during adolescence and adulthood. Women of reproductive age refer to all women aged 15–49 years.

Young women’s health covers mortality, morbidity, nutritional status, reproductive health and linked to these are violence and occupational hazards which influences their reproductive health (Daimari, 2002).^[1] The reproductive health ensures that people have the capacity to reproduce and to undergo pregnancy and child birth safely.

In India adolescent marriage and fertility rates are disturbingly high. Unlike most other countries, adolescent fertility in India occurs mainly within the context of marriage. As a result of early marriage, about half of all of them become pregnant by the time they are 18 and almost one in five by the time they are 15. Poor health status in terms of high mortality and morbidity among women and children in India had been a major concern for public health professionals even before attainment of independence. The maternal deaths in the South-East Asia Region are among the highest in the world, nearly every two minutes a woman dies as a result of pregnancy or childbirth. Efforts to provide services to these vulnerable sections of the population were initiated under Maternal and Child health services as various national health programmes.

In India, adolescent’s reproductive health needs are poorly understood and ill served, while the needs of children or pregnant women are acknowledged in national programmes. Neither services nor researches have focused on the unique health and information needs of adolescents. Adolescent’s ignorance about sexual and reproductive behaviour is compounded by reluctance among parents and teachers to impart relevant information. Educating young people about reproductive health and teaching them skills in negotiating conflicts resolutions, critical thinking, decision making and communication improve their self confidence and

ability to make choices, such as postponing sex until they are mature enough to protect themselves from Human Immuno Deficiency Virus (HIV), Sexually Transmitted Diseases (STD) and unwanted pregnancies (Thabah and Ahmed, 2008).^[5]

Keeping all these in mind an attempt was made with the following objectives

1. To assess the knowledge level on reproductive health of rural women
2. To find out the reproductive health practices of rural women

Methodology

The study was conducted in eleven (11) selected villages from Jorhat district of Assam. A total of 325 young mothers having children below 5 years were selected randomly for the study. The data was collected to assess the knowledge level and practices of reproductive health by interviewing the respondents individually at their home. After collection of data, raw data was categorized, coded and tabulated for statistical computation.

Tools Used For the Study

Two different questionnaires were used to collect the data. To collect the background information and to assess their socio-economic status socio-economic status tool developed by was used. This tool consisted of 22 questions. Depending upon the scores socio-economic status was categorized as very poor, poor, lower middle, upper middle, high, upper high.

To assess the knowledge level on reproductive health and also to assess the reproductive health practices of rural women a standardized questionnaire developed by AICRP-CD team was used. There are 21 numbers of questions to assess the knowledge level and 12 numbers of questions to assess the reproductive health practices.

In a three point scale 2, 1 and 0 was given where ‘2’ was given to ‘yes’ answer, ‘1’ was given to ‘Not sure’ answer and ‘0’ was given ‘No’ or wrong answers.

Results and Discussion

Knowledge level on reproductive health of rural women
The data regarding frequency distribution of the respondents according to their knowledge level on reproductive health are presented in the table 1.

Table 1. Distribution of respondents according to knowledge level on reproductive health

Sl. No.	Statements	N=325					
		Yes		No		Not Sure	
		f	%	f	%	f	%
1	I know about the reproductive organs	148	45.54	162	49.85	15	4.61
2	Important female reproductive organs are ovary, uterus and fallopian tube	233	71.69	90	27.69	2	0.62
3	Menstruation is a normal phenomenon occurs to every girl	287	88.31	38	11.69	0	0
4	Menstrual flow is the result of rupture of uterine wall	212	65.23	109	33.54	4	1.23
5	Menstruation starts by the age of 12-14 years is normal	263	80.92	62	19.08	0	0
6	Normally menstrual flow lasts for 4-5 days	293	90.15	32	9.85	0	0
7	Usual interval between 2 menstrual cycles (one month)	212	65.23	113	34.77	0	0
8	Menstrual cycle varies from 24- 34 days	206	63.38	117	36.00	2	0.62
9	Women do not have menstrual cycle when they are pregnant	323	99.38	2	0.62	0	0
10	Feel weakness during menstruation	298	91.69	26	8.00	1	0.31
11	Physiological problems like cramps, abdominal pain, nausea and body aches are common menstrual problems	229	70.46	96	29.54	0	0
12	There are chances of having gap in menstruation after the attainment of menarche.	277	85.23	47	14.46	1	0.31
13	Some women face different menstrual problems	321	98.77	4	1.23	0	0
14	There are treatments for menstrual problems	324	99.69	1	0.31	0	0
15	Taking care of personal hygiene and cleanliness during menstruation is very important	306	94.15	19	5.85	0	0
16	Unprotected sex may increase the risk for STI or HIV or Hepatitis B during menstruation	196	60.31	125	38.46	4	1.23
17	Menopause starts by the age of 45-50years	220	67.69	101	31.08	4	1.23
18	Right age for conception is 20yrs to 30yrs	278	85.54	47	14.46	0	0
19	Contraceptives are essential for family planning	306	94.15	19	5.85	0	0
20	Minimum legal age of marriage for girls (18 yrs)	325	100	0	0	0	0
21	Minimum legal age of marriage for boys (21 yrs)	322	99.07	2	0.62	1	0.31

From table 1, data showed that all the respondents (100%) had knowledge on minimum legal age of marriage for girls and for boys 99.07 percent of respondents answered it correctly. Data also showed that majority of the respondents had knowledge on areas such as there are treatments for menstrual problems (99.69%), women do not have menstrual cycle when they are pregnant (99.38%), some women face different menstrual problems (98.77%), etc. Though they have knowledge on these areas, but only 45.54 per cent of respondents had knowledge about reproductive organs, 49.85 per cent respondents don’t know about the reproductive organs. Similarly 27.69 per cent of respondents do not know the important female reproductive organs like ovary, uterus and fallopian tube. It is also noteworthy that a large number of respondent (38.46%) still are unaware of the fact that unprotected sex may increase the risk for STI or HIV or Hepatitis B during menstruation

Table 2: Knowledge level of respondents regarding reproductive health

Area	N=325					
	Good		Average		Poor	
	f	%	f	%	f	%
Reproductive Health Knowledge	272	83.69	53	16.31	0	0

Table 2 showed that majority of the respondents (83.69%) fall in the good category where only 16.31 percent fall in average category. None of the respondents were found to fall in the poor category. It may be due to the fact that most of the respondents possessed television, radio at their home and through the use of these electronic media they can obtain the latest updates and various information related to women. Moreover, they also gained information by interacting with neighbors, friends and also medical professionals.

Reproductive health practices of rural women

The data on reproductive health practices of rural women is presented in the table 3

Table 3: Distribution of respondents according to reproductive health practices

Sl. No.	Statements	N=325					
		Yes		No		Not Sure	
1	Change of two pads/clothes per day is normal during menstruation	275	84.61	49	15.08	1	0.31
2	Some women also use cloth napkins/cotton wool or tissue paper during menstruation	214	65.84	110	33.85	1	0.31
3	Some women use disposable sanitary napkins during menstruation	263	80.92	62	19.08	0	0
4	Disposal of napkins / cloth in a hygienic way is very important	305	93.84	19	5.85	1	0.31
5	Unsafe disposal of sanitary material may increase the risk of infection to others	244	75.08	80	24.61	1	0.31
6	Frequent cleaning genitals with water during menarche is essential	225	69.23	98	30.15	2	0.62
7	Not washing hands after changing the sanitary material / pad may facilitate the spread of infection	302	92.92	23	7.08	0	0
8	Taking supplementary foods/ enriched diet during menstruation is necessary	311	95.69	13	4	1	0.31
9	Consumption of enough fluids during menstruation is necessary	290	89.23	32	9.85	3	0.92
10	Restrictions on some food are essential during menstruation	194	59.69	129	39.69	2	0.62
11	Some women avoid food items during menstruation	184	56.61	140	43.08	1	0.31
12	Following myths associated with menstruation is good	181	55.69	144	44.31	0	0

From the table 3, data revealed that majority of the respondents followed reproductive health practices such as they take supplementary foods or enriched diet during menstruation (95.69%), disposal of napkins or cloth in a hygienic way (93.84%), washing hands after changing the sanitary material (92.92%). Though a large number of respondents follow these practices a large number (59.69 %) still believes that restrictions on some food are essential during menstruation and 55.69 per cent of respondents believe that following myths associated with menstruation is good. Similarly, only 69.23 per cent of respondents know that frequent cleaning of genitals with water during menarche is essential.

Table 4: Level of reproductive health practices of respondents

Area	N=325					
	Good		Average		Poor	
	f	%	f	%	f	%
Reproductive Health Practices	202	62.15	108	33.23	15	4.62

From the table 4, it has been observed that regarding the practices of reproductive health most of the respondents (62.15%) fall in the good category, 33.23 per cent respondents fall in the average category whereas only 4.62 per cent fall in the poor category. Television, Radio, popular Show and also vigorous efforts put on by government has helped the rural population in gaining knowledge and thus helping them to follow the correct practices.

Conclusion

It has been observed that though rural women had a very good level of knowledge regarding reproductive health in case of practices they lag behind. Some myth and misconceptions still prevails in the rural areas and people like to follow it.

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