

Reproductive Health Practices of women of A Rural Population in UP

^{1*}Dr Anupama Srivastava, ²AC Rajpurohit

¹Assistant Professor, Department of Community Medicine, Hind Institute of Medical Sciences, Atariya, Sitapur, UP, India

²Professor, Department of Community Medicine, Hind Institute of Medical Sciences, Safedabad, Barabanki, UP, India

Corresponding Author: Dr Anupama Srivastava

Abstract

Objective: To study the reproductive health practices of women of a rural population in UP.

Methods: This was a cross-sectional community based descriptive study. The study was conducted among married/widow women in reproductive age group of 15-45 years. The data pertaining to practices were collected in semi-structured & pretested proforma. The multi-stage sampling methodology was adopted for the selection of study subjects.

Results: The age of first sexual contact was 15-18 years among 57.1% of the women. However, age of first sexual contact was 18-21 years among 30.7%. The age at first pregnancy was 20-21 years among 40% of the women. The antenatal check-up was 3 among 23.1% of women and 42.7% did not had any ANC.

Conclusion: Practices of reproductive health among this group was observed to be at reasonable percentages. However, greater public sensitization and health education are advocated.

Keywords: Reproductive health, hygienic practices

Date of Submission: 03 -04-2017

Date of acceptance: 23-08-2017

I. Introduction

The International Conference on Population and Development (ICPD) 1994 defined reproductive health as “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 to its functions and processes. Reproductive health therefore implies the 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 regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant” (ICPD, 1994).

According to the World Bank, South Asia is the world's most crowded region with 1.7 billion populations as of 2014 (WHO, 2014). Sex selective abortion particularly female feticides are largely existent in the countries like India, Bangladesh and Nepal (Abrejo et al, 2009). Though the trend of early marriage is declining, it is still consider as normal and social responsibility in some of the South Asian countries like Bangladesh, Nepal and India where the percentage of women getting married by 18 years of age were 66%, 51% and 47% respectively (WHO, 2011).

Sexual and reproductive health problems of women aged 15 to 44 are serious public health concern in the countries of South Asian region. Despite long history of intervention, maternal mortality is still alarming in this region with an average rate of 550 per 100,000 live births (ranging from 340 to 800). Sexually transmitted infections (STI) are also equally common among young people of South Asian countries. For instance, in Bangladesh more than half of the patients who seek STI treatment services through formal facilities were young people (Williamson, 2013). The present study was conducted on reproductive health practices of women of a rural population in UP.

II. Material And Methods

This was a cross-sectional community based descriptive study in the slum population around Urban Health Centre, Indira Nagar, Lucknow under the Department of Community Medicine, Hind Institute of Medical Sciences, Ataria, Sitapur, Uttar Pradesh.

Study population

The study was conducted among married/widow women in reproductive age group of 15-45 years.

III. Methods

Women residing for at least six months in the area were considered as a resident and included in the study. Women whose native place was other present place of residence but the duration of stay was more than six months were also included in the study. The data pertaining to perception and practices were collected in semi-structured & pretested proforma, after obtaining informed consent. The multi-stage sampling methodology was adopted for the selection of study subjects.

Statistical analysis

The collected data was entered in Microsoft Excel computer program. The appropriate statistical methods were used for the analysis of the data. All the analysis was carried out by using SPSS 16.0 version (Chicago, Inc. USA).

IV. Results

Table-1 shows the practices of women about reproductive health. Clean cloth was used by 51% during menstruation. The age of first sexual contact was 15-18 years among 57.1% of the women. However, age of first sexual contact was 18-21 years among 30.7%. The age at first pregnancy was 20-21 years among 40% of the women. The antenatal check-up was 3 among 23.1% of women and 42.7% did not had any ANC.

V. Discussion

Higher age, family economic status, fewer number of children, absence of domestic violence, absence of reproductive and enduring illness are important determinants of quality of life and reproductive health indices (D'Souza et al, 2011). Early marriage, and yearning for a male child results in frequent child bearing during the reproductive years (WHO, 1997). Birth intervals of 3-5 years are healthiest for mothers and their babies (Rutstein et al, 2002). Son preference is a strong predictor of short birth intervals (Kabeer, 2010). In Goa, 40% of women reported reproductive health problem, violence and abuse, poor mental health and other risk behaviours (Patel et al, 2006). In the present study, majority of the women had correct perception about the reproductive health indicators. Clean cloth was used by 51% during menstruation in this study. In a study (Balamurugan et al, 2014), majority of the women preferred cloth pieces rather than sanitary pads as menstrual absorbent. Only 35% women used sanitary pads during menstruation. In a study conducted in Rajasthan by Khanna et al (2005), three-fourths of the girls used old cloth during their periods and only one-fifth reported using readymade sanitary pads. Similarly, a study regarding menstrual hygiene practices by Kamaljit et al (2012) found that 68.7% girls used sanitary pads and 30 (10.0%) respondents practicing any cloth or rag/cotton during menstruation.

A study by Ray and Dasgupta (2008) found good menstrual hygiene was more among girls with literate mothers, girls studying in more than grade 10 in school, having prior knowledge about menstruation before menarche, usage of proper sanitary latrine at home, and exposure to advertisements promoting usage of sanitary towels in mass media. In the present study, the age of first sexual contact was 15-18 years among 57.1% of the women. In a study conducted in Bangalore (Ratnaprabha et al, 2015), the age of first sexual contact was <18 years among 53.6% women. The age at first pregnancy was 20-21 years among 40% of the women. The antenatal check-up was 3 among 23.1% of women and 42.7% did not had any ANC. Mani (2014) reported that the age of first conception was >18 years in 94.9% women.

VI. Conclusion

Practices of reproductive health among this group was observed to be at reasonable percentages. However, greater public sensitization and health education are advocated.

References

- [1]. International Conference on Population and Development (ICPD). Cairo; United Nations 1994.
- [2]. Abrejo FG, Dr. Shaikh BT, Rizvi N. 'And they kill me, only because I am a girl'...a review of sex-selective abortions in South Asia. *The European Journal of Contraception and Reproductive Health Care* 2009; 14: 10-16.
- [3]. World Health Organization. Trends of maternal mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, the World Bank and the United Nations Population Division. Geneva: WHO Press 2014.
- [4]. World Health Organization. Strategic directions for improving Adolescent Health in South-East Asia Region. New Delhi: WHO Regional Office for South-East Asia 2011.
- [5]. Williamson N. Motherhood in childhood - Facing the challenge of adolescent pregnancy. *The state of the world population*. New York: United Nations Population Fund 2013.
- [6]. D'Souza MS, Somayaji G, Nairy KS: Determinants of reproductive health and related quality of life among Indian women in mining communities. *J Adv Nurs*. 2011, 67 (9): 1963-1975.

- [7]. World Health Organization: Monitoring reproductive health: selecting a short list of national and global indicators. 1997, Geneva: World Health Organization, Unpublished document WHO/RHT/HRP/97.26.
- [8]. Rutstein S, Johnson K, Gwatkin D: Poverty, health inequality, and its health and demographic effects. 2002, Los Angeles, California: Paper presentation at the 2000 Annual Meeting of the Population Association of America.
- [9]. Kabeer N: Women's empowerment, development interventions and the management of information flows. *IDS Bulletin*. 2010, 41 (6): 105-113.
- [10]. Patel V, Kirkwood B, Pednekar A: Gender disadvantage and reproductive health risk factors for common mental disorders in women. *Arch Gen Psychiatr*. 2006, 63: 404-413.
- [11]. Balamurugan SS, Shilpa SS, Shaji S. A Community Based Study on Menstrual Hygiene among Reproductive Age Group Women in a Rural Area, Tamil Nadu. *Journal of Basic and Clinical Reproductive Sciences* · July - December 2014 · Vol 3 · Issue 2.
- [12]. Khanna A, Goyal RS, Bhaswar R. Menstrual practices and reproductive problems: A study of adolescent girls in Rajasthan. *J Health Manag* 2005;7:91 -107.
- [13]. Kamaljit K, Arora B, Singh KG, Neki NS. Social beliefs and practices associated with menstrual hygiene among adolescent girls of Amritsar, Punjab, India. *JIMSA* 2012;25:69-70.
- [14]. Ray S, Dasgupta A. Determinants of menstrual hygiene among adolescent girls: A multivariate analysis. *Natl J Community Med* 2012;3:294-301.
- [15]. Mani G. Prevalence of reproductive tract infections among rural married women in Tamil Nadu, India: A community based study. *J Pioneer Med Sci*. 2014; 4(1):18-24.
- [16]. Ratnaprabha GK, Sulekha T, Avita RJ, Naveen R. Prevalence and awareness of reproductive tract infections among women in select underprivileged areas of Bangalore city. *International Journal of Medical Science and Public Health* 2015; 4 (12).

Table-1: Practices of women about reproductive health

(N=345)

Practices about reproductive health	No.	%
Type of sanitary pads used during menstruation		
Clean cloth	176	51.0
Dirty cloth	135	39.1
Commercial pads	34	9.9
Age at first sexual contact (in years)		
<15	22	6.4
15-18	197	57.1
18-21	106	30.7
>21	20	5.8
Age at first pregnancy (in years)		
15-17	6	1.7
18-19	71	20.6
20-21	138	40.0
>21	92	26.7
No pregnancy	38	11.0
No. of antenatal check-ups (n=307)		
0	131	42.7
1	15	4.9
2	34	11.1
3	71	23.1
>3	56	18.2

*Dr Anupama Srivastava. "Reproductive Health Practices of women of A Rural Population in UP." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)* 16.8 (2017): 32-34