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ASSESSMENT OF KNOWLEDGE ON REPRODUCTIVE HEALTH AMONG THE WOMEN

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ABSTRACT

Introduction: The aim of study was to assess the level of knowledge on reproductive health among the women at Puducherry and find out relationship between the knowledge on reproductive health and the selected clinical variables of women.

Material and Methods: A descriptive cross-sectional research design was adapted to assess the level of knowledge on reproductive health among the women in multi-specialty Hospital, Puducherry. Consecutive sampling technique was used to select 500 women who were fulfilling the inclusion criteria. The data collection was done in regional language (Tamil) by face to face interview method through using structured interview schedule.

Results: The study findings revealed that the level of knowledge on reproductive health among the 500 women, 220(44%) had inadequate knowledge, 253 (50.6%) women had moderately adequate knowledge and only 27 (5.4%) women had adequate knowledge. The mean value of knowledge regarding reproductive health among the women was 6.8 with the standard deviation of 2.4. There was statistically significant relationship found between the knowledge and history of reproductive health problems, family history of reproductive illness and use of family planning methods among the women.

Conclusion: The study concluded that out of 500 women, only 27 had adequate knowledge on reproductive health. It shows that they want to improve their knowledge on reproductive health to prevent reproductive disease and promote their health. The health care providers have to take right steps promptly to reduce mortality and morbidity of the women..

Key Words: Reproductive health, Women reproductive health problems, Sexual disorders

INTRODUCTION

A healthy person is an asset to the society. Health of women is not merely a state of physical well-being but also an expression of many roles they play as wives, mothers, health care providers in the family and in the changed scenario even as wage earners. Health picture of Indian Women is still not satisfactory. In the Indian context the female children before, during and after the birth have suffered a neglect, which is reflected in their higher infant mortalities, low proportion in the total population, female infanticide and even feticides and lower levels of nutrition. Reproductive health of the women means that they have the ability to reproduce and to regulate their fertility and are able to undergo pregnancy and child birth safely. A woman's reproductive system is a delicate and complex system in the body. Half of the young women in India got married before legal age of 18 years. They are unaware about reproductive health and health reproductive prac-

tice. It will cause unnecessary illness to them. It is important to take steps to protect it from infections and injury, and prevent problems—including some long-term health problems.

The aim of study was to assess the level of knowledge on reproductive health among the women at Puducherry and find out relationship between the knowledge on reproductive health and the selected clinical variables of women.

It is a challenging task to raise awareness regarding reproductive health care issues in women because of the social standing of women which distances them from the right source of information and also because of the taboos regarding the discussions on issues like menstruation, safe sex, unsafe sexual practices etc. Knowledge on reproductive health among women is very important to prevent reproductive problems. The health care team members have a vital role to create awareness regarding reproductive health among the women.

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MATERIAL AND METHODS

A descriptive cross-sectional research design was adapted to assess the level of knowledge on reproductive health among the women in multi-specialty Hospital, Puducherry. The study population was all the married women who were living in Puducherry. The sample size consists of 500 married women who were fulfilling the inclusion criteria such as residence of Puducherry with age group of 18 to 50, women who were able to speak in Tamil or English and who were attending female gynecological out patients department. Exclusion criteria of the study were women who were unmarried and not willing to participate in the study. Consecutive sampling technique was adopted for selection of samples. Ethical clearance was obtained from Institute before the main study. There was no fund support from any agencies for the study. The data collection was done in regional language (Tamil) by face to face interview method through using structured interview schedule for each woman. The studytool consisted of two parts such as clinical variables related to reproductive problems and structures multiple choice questionnaires were used to assess the level of knowledge on reproductive health. Each correct answer carried one score. The total score less than 50% considered as inadequate, 50% to 74% noted as moderately adequate and 75% and above mentioned as adequate knowledge. After completing the data collection as per the interview schedule, the investigator has given health education on reproductive health, with the help of Laptop and explained about anatomy and physiology of reproductive system, menstruation cycle, menstrual hygiene, how the baby forms, antenatal care, delivery, postnatal care and immunization in power point presentation. The data obtained was analyzed and interpreted by descriptive and inferential statistical based on the objectives of the study.

FINDINGS AND DISCUSSION

Table 1 shows the distribution of clinical variables related to reproductive health of the women in number and percentage.

The study findings shows that among the 500 women, 263 (52.6%) were stated that the girls become psychological and emotionally matured at the age of 18 years; this was through the awareness created by mass media and other informative sources like friends, relatives, neighbors. Totally 245 (49%) women answered correctly that the changes in size and shape of the body will occur during puberty. May be based on their own experiences and by seeing the other girls they came to know correct answer. One fourth of the women 124 (24.8%) stated that uterus, ovaries and fallopian tubes are reproductive organs. Because of lack of education, they have not known about the own body organs. Only 117 (23.4%) women stated that ovum and sperm are necessary

to form a fetus and 63 (12.6%) women expressed that ovum was produced from ovary. This was also due to illiteracy, ignorance and lack of knowledge. Most of the women 289 (57.8%) were had knowledge on menstruation was a cyclic process, 359(71.8%) women were aware about menstruation happens once in a month and 351(70.2%) women stated that normal interval of menstrual cycle is 28 days. Nearly 275 (55%) women reported that duration of menstrual bleeding was 3-5 days and 281 (56.2%) were knew that menstrual bleeding starts from uterus. They knew all these the information due to their own experience in their reproductive life. Most of the women 385 (77%) said that above 21 years in female is the recommended age for marriage life. Among 500 women,181(36.2%) had said that iron rich diet was very important for pregnant women, 158(31.6%) women understand the dangers of premarital sex and it leads unwanted pregnancy and infections and 428(85.6%) women knew that pregnancy is getting through sexual contact.

The level of knowledge on reproductive health among the 500 women, 220(44%) had inadequate knowledge, 253 (50.6%) women had moderately adequate knowledge and only 27 (5.4%) women had adequate knowledge. The mean value of knowledge regarding reproductive health among the women was 6.8 with the standard deviation of 2.4.

The study findings supported by the Kiran, Susan, Jiny and Joseph (2013)study. They conducted a descriptive cross sectional study on the reproductive health status and its related factors among the women living in the post tsunami intermediate shelters of Andaman Islands, India among the 166 women in the reproductive age group (15 - 49 years). The study finding revealed that the knowledge of women regarding specific aspects of reproductive health and morbidity was found to be deficient. The women were lacking knowledge on reproductive health and its problems.

This study was supported by Haque et al (2015) who conducted a comparative study on knowledge about reproductive health among the urban and rural women of Bangladesh on 2015. The study finding revealed that the proportion of poor knowledge regarding reproductive health was more (84%) among rural women, but good knowledge was more rampant (75%) among the urban women. The overall knowledge difference between urban and rural women regarding reproductive health was highly significant (p < 0.001).

Table 2 shows that there was statistically significant relationship between the knowledge and history of reproductive health problems, family history of reproductive illness and use of family planning methods among the women. There was no significance between knowledge with other clinical variables such reason of reproductive health problems, type of family planning and person adopted family planning methods.

A significant difference in the knowledge about family planning methods was observed between the two sub-centers (urban and rural). Women were better informed about family planning methods compared in urban than in rural.

CONCLUSION

The present study findings revealed that minimum number of women only had adequate knowledge on reproductive health. The health care providers and school teachers have the vital responsibilities in motivating and increasing awareness on reproductive health among the women and the school going girls. The women mortality and morbidity will reduce only by the self-awareness among the women which should be facilitated through creating mass health education in hospitals, community and schools.

Table 1: clinical variables related to Reproductive Problems of the Women
N=500

Characteristics		Frequency	Percentage
Presence of reproductive problem	Yes	21	4.2
	No	479	95.8
Reason for presence of reproductive problem	Nil	479	95.8
	Infection	2	0.4
	Cancer	4	0.8
	Bleeding problem	11	2.2
	Others	4	0.8
Family history of reproductive disease	Yes	1	0.2
	No	499	99.8
Family planning method adaptation	Yes	433	86.6
	No	67	13.4
Type of family planning method adaptation	Nil	67	13.4
	Temporary	121	24.2
	Permanent	312	62.4
Person to adopt family planning method	Nil	67	13.4
	Wife	430	86.0
	Husband	3	0.6

Table 2: Association between the Level of Knowledge on Reproductive Health with selected Clinical variables of the Women

N=500

Clinical variables	Responses	Level of Knowledge on reproductive health						χ^2
		Inadequate		Moderately adequate		Adequate		
		N	%	N	%	N	%	
History of reproductive problem	Yes	10	2	9	1.8	2	0.4	$\chi^2 = 1.036$
	No	209	41.8	245	49	25	5	p = 5.99
								df = 2
								(Sig.)
Family history of reproductive illness	Yes	-	-	1	0.2	-	-	$\chi^2 = .970$
	No	219	43.8	253	50.6	27	5.4	p = 5.99
								df = 2
								(Sig.)
Usa of family planning method	Yes	188	37.6	225	45	20	4	$\chi^2 = 4.619$
	No	31	6.2	29	5.8	7	1.4	p = 5.99
								df = 2
								(Sig.)

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