

The logo for PalArch's Journal of Archaeology of Egypt / Egyptology is displayed in white text on an orange rectangular background. The text is arranged in two lines: "PalArch's Journal of Archaeology" on the top line and "of Egypt / Egyptology" on the bottom line.

Reproductive Health Status Of Rural Women --A Sociological Study

Dr. S. Subramani

Assistant Professor, Department of Sociology and Social Work,
Annamalai University, Tamil Nadu

Dr. S. Subramani, Reproductive Health Status Of Rural Women --A Sociological Study- PalArch's Journal Of Archaeology Of Egypt/Egyptology 17(9). ISSN 1567-214x, Key Words: Attitude and Practices, Knowledge, Reproductive Health Status, Rural Women, Socio-economic Conditions.

Abstract

Health is essential for our organized social life. If the societies are to function smoothly and effectively, the members must be so healthy as to engage in reproductive activities. But if we are ill or injured, we may face the curtailment for our usual round of daily life. Reproductive health is a universal concern but is of particular importance for women, particularly of reproductive years. Generally, women's standard of living conditions has determined by their socio-economic conditions. Particularly, the rural women's standard of living is very low. In India, most of the rural women fully depend upon agricultural and allied activities. They are doing work hard and taking less nutrition food. So, rural women's health is physically very weak. The research study focuses on women's knowledge, attitude and practices on reproductive health rights and services of Thiruvallansuzhi village, Thiruvallur District, Tamilnadu.

Key Words: Attitude and Practices, Knowledge, Reproductive Health Status, Rural Women, Socio-economic Conditions.

Introduction

The World Health Organization defines health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health, or sexual health/hygiene, addresses the productive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. One interpretation of this implies that men and women ought to be informed of and to have access to safe, effective, affordable and acceptable methods of birth control; also access to appropriate health of sexual, reproductive medicine and implementation of health education programs to stress the importance of women to go safely through pregnancy and childbirth could provide couples with the best chance of having a healthy infant. On the other hand individuals do face inequalities in reproductive health services. Inequalities vary based on socio-economic status, education level, age, ethnicity, religion and resources available in their environment. It is possible for example, that low income individuals lack of the resources for appropriate health services and the knowledge to know what is appropriate for maintaining reproductive health.

The basic elements of reproductive health cover a range of unproductive problems, including family planning, safe motherhood, and safe abortion, infant and child care, male participation, responsible behavior, adolescent reproductive health, infertility, reproductive tract infections and sexually transmitted diseases, HIV/AIDS, concerns of reproductive tract and reproductive health needs of disables. The reproductive health problems must encompass not only diseases, disorders and service delivery systems associated with reproductively, but also a way of life, behavior patterns, socio-economic conditions, environment and ecosystems and a system of cultural values, beliefs and practice of rural society in India. In India, rural women are among the most disadvantaged people in the world in terms of their health status and access to accurate and appropriate health information and comprehensive, adequate and affordable health services. Sexual and reproductive health is a particular concern for rural women, as a host of social, cultural, political, economic factors increases as well as Indian rural women vulnerabilities to pregnancy and child birth-related deaths and disabilities, unsafe abortion, HIV/AIDS, and reproductive concerns. The rural women limited access to modern contraception and the lack of an enabling environment to use methods when available, women are impacted by too early, too request, too many and too late pregnancies.

The most alarming problem of health care for women is the low priority it receives in the family in the society. It is reported that for every three men who avail of the health services: only one woman does so. Afflicted with poor health women have a shorter life expectancy than men unlike in the most parts of the world. Women in rural areas because of their household responsibilities and out of ignorance, tend to neglect their illness until they become too sick to move around and attend to household chores. It is also found that women had to be content with free or traditional treatment as compared to medical facilities used for males. Today, there are more than 1 billion young people ages 10 to 19, almost one-fifth of the world population. Most of the young people are adolescents, a period of life that starts at puberty (Biological maturity) and ends at the culturally determined entrance to adulthood (Social maturity and economic independence). There is a great variety of experience represented by people in this age range: some are married and considered adults in their society, others are still in school and treated as children. Many are sexually active and have become parents themselves, but may not have achieved the legal adult age as defined by their country or state. While adolescence is generally a healthy period of life, many young people suffer from inadequate family planning and reproductive health care. Complications of pregnancy, child-birth and unsafe abortion are the major causes of death for women ages 15 to 19. Each year more than 15 million girls ages 15 to 19 give birth and 2 million have unsafe abortions.

Some chemical causes miscarriage or sterility in women. They do this by interfering with hormones, the natural chemicals the body makes to control growth and other processes such as women's monthly bleeding and reproduction of sperm. Other chemicals act just like hormones when they get into our bodies. They can confuse our natural hormones by sending false signals. For this reason, these chemicals are sometimes called hormones disruptors. Female hormones called estrogens and progesterone cause the changes in a girl's body known as puberty. They causes her ovaries to release one egg every month, stop her monthly bleeding during pregnancy, and after child birth they cause her breasts to make milk. Hormones also determine how the baby growth inside its mother's womb. Chemical that is hormone disruptors can cause girl to start monthly bleeding early, have irregular bleeding, or have no bleeding at all. Disrupting the normal functions of hormones can also cause women to have a pregnancy start growing outside the womb, a very dangerous problem that can kill the women.

Statement of the problem

Reproductive health is a universal concern, but is of special importance for women particularly of reproductive years. Generally, women’s standard of living conditions have determined by their socio-economic conditions. Particularly, the rural women’s standard of living is very low. In rural India, women fully depend upon the agricultural and allied activities. They are doing hard work but taking less nutrition food. So, the rural women’s health is physically very weak. The present study attempts the reproductive health status of rural women in Thiruvallansuzhi village, Thiruvarur District, Tamilnadu, with the following objectives:

Objectives:

1. To study the socio-economic conditions of the respondents in Thiruvallansuzhli village of Thiruvarur District
2. To identify the reproductive health related problems among the reproductive age group of Rural Women
3. To understand the reproductive health practices among the rural women in the study village

The Method

The research has selected Thiruvallansuzhi village, Thiruvarur District for the present study. The total population of this village is 1256. Male population is 586 and female population is 670. The researcher has identified 143 reproductive age group of (i, e 15-45 years) in this village. Out of 50 reproductive age group respondents were selected by the researcher using simple random sampling method for the research study. Using a well-structured interview schedule the information and necessary data were obtain from the respondents and were arranged and classified for analysis.

Results and Discussion

Table-1: Socio- economic characteristics of Respondents (N=50)

Characteristics	No. of Respondents	Percentage
Age group		
Below – 20	3	6.00
20-25	8	16.00
25-30	26	52.00
30-35	9	18.00
Above – 35	4	8.00
Caste group		
Scheduled castes	40	80.00
Backward castes	10	20.00
Educational level		
Illiterate	18	36.00
School level	21	42.00
College level	6	12.00
Technical	5	10.00
Occupational status		
House wife	12	24.00
Cooley	28	56.00
Government employees	6	12.00
Others	4	8.00
Income (In. Rs. Monthly)		
Below 10000	5	10.00
10000-15000	21	42.00

15000-20000	8	16.00
20000-25000	6	12.00
Above- 25000	10	20.00
Total	50	100.00

Table 1 present the distribution of the respondents on the basis of age, caste, education, occupation and income. From the table, it is observed that out of the total 50 respondents, the majority (74%) of the respondents are belongs to the age group of below 30 years. The table reveals that data on most (80%) of the respondents are scheduled castes and remaining (20%) of them backward castes. It could be noted that the scheduled castes and backward castes people living in the study village as well as all the respondents are Hindu religion. Further, the table shows that data on education wise distribution of the respondents. Out of the total respondents, 36 per cent of them illiterate and remaining respondents are educated in the study village.

The table indicates that out of the total respondents, 56 per cent of the respondents are working Cooley work and 24 per cent of the respondents are house wife as well as 12 per cent of the respondents are working in government sectors. Only 8 per cent of the respondents are working in industrial based work. Further, the table presents that data on income wise distribution of the respondents. Out of the total respondents, the majority of the respondents are earning income below Rs. 15000 per month and 16 per cent of the respondents are earning income in the range of Rs. 15000-20000 per month. 12 per cent of the respondents are earn their income in the range of Rs. 20000-25000 per month and 20 per cent of them earn their monthly income Rs. 25000 and above in the study village.

Table – 2: Distribution of the Respondents by age at Menarche

Age at Menarche (In Years)	No. of Respondents	Percentage
12 - 14	29	58
14 - 16	17	34
16 - 18	04	08
Total	50	100

The above table shows that 58 per cent of the respondents have attained menarche in the age group of 12-14 years and 34 per cent of them have attained menarche in the age group of 14-16 years. Only 8 per cent of them have attained menarche in the age group of 16-18 years. It is clear from the above discussion that more than half of the respondents have attained menarche in the age group of below 14 years. Generally in rural areas women have more physical work so that the age at menarche is increased.

Table – 3: Distribution of the Respondents by their age at Marriage

Age at Marriage (In Years)	No. of Respondents	Percentage
Below 20	26	52
20 - 25	12	24
25 - 30	08	16
Above 30	04	08
Total	50	100

The above table indicates that 52 per cent of the respondents have married at the age of below 20 years and 24 per cent of them have married at the age of 20-25 years. Further, 16 per cent of the respondents have married at the age of 25-30 years and remaining 8 per cent of them have married at the age of 30 years and above. It is clearly from the above discussion that the majority of the respondents have married at the age of below 20 years. This is shows that lack of awareness among the rural people about the consequences of the early marriage in the study village.

Table – 4: Distribution of the Respondents by Medical Attention during Pregnancy period

During Pregnancy Period	No. of Respondents	Percentage
Immunization	23	46
Regular medical checkup	27	54
Total	50	100

The above table presents that 46 per cent of the respondents have immunized themselves by taking medical attention during their pregnancy periods and 54 per cent of them have regular medical checkups during their pregnancy periods. It is concluded that almost all the respondents have taking medical attention during their pregnancy period in the study village.

Table – 5: Distribution of the Respondents by Types of Delivery

Types of Delivery	No. of Respondents	Percentage
Normal delivery	33	66
Stitches	06	12
Caesarean	11	22
Total	50	100

From the above table observed that 66 per cent of the respondents have had normal deliveries and 22 per cent of them have had caesarean. Only 12 per cent of the respondents have stitched during the delivery. It is clearly from the above discussion that more than half of the respondents have had normal deliveries. Generally the rural people have doing more physical works.

Table – 6: Distribution of the Respondents by practices of Family Planning Methods

Practices of Family Planning Methods	No. of Respondents	Percentage
Yes	36	72
No	14	28
Total	50	100

The table provides information regarding that the practice of family planning methods of the respondents. The majority of the respondents have practicing different type of family planning methods and remaining 28 per cent of the respondents have not follow any type of family planning method in the study village. It is clear from the above discussion that the majority of the respondents have practicing different types of family planning methods in the study village.

Table – 7: Distribution of the Respondents by Awareness about HIV Test during Pregnancy Period

Awareness about HIV Test	No. of Respondents	percentage
Yes	41	82
No	09	18
Total	50	100

From the above table shows that 82 per cent of the respondents have awareness about HIV test during the pregnancy periods and remaining 18 per cent of them have no awareness about HIV test during the pregnancy periods. It is clearly from the above discussion that the majority of the respondents more awareness about HIV tests and other medical test during the pregnancy periods.

Table—8: Distribution of the Respondents by currently suffering with Health problems

SI. No.	Health Problems	No. of Respondents		Total
		Yes	No	
1.	Excess bleeding during periods	28	22	50
2.	Any bleeding in between periods	13	37	50
3.	Periods within short interval	26	24	50
4.	Irregular periods	21	29	50
5.	White discharges with bad smell	17	33	50
6.	White discharges that wet garments	9	41	50
7.	Back pain for long periods	31	19	50
8.	Stomach pain	23	27	50
9.	Breast pain or Bulge in the breast	11	39	50
10.	Pain during intercourse	4	36	50

The above table shows that out of 50 respondents 31 respondents have frequently suffered due to back pain for long periods and remaining 19 of them do not have, 26 respondents have stated that short interval between within the periods and remaining 24 of them have stated that normal interval. 23 respondents have reported that stomach pain frequently and 27 of them do not have that problem. 22 respondents have stated that suffer from the problems of excess bleeding during the periods and 28 of them do not have experience of this problem. 21 respondents have stated that irregular periods and 29 of them have stated that it is normal. Moreover, 17 respondents have realized that white discharges with bad smell and 9 of them have feels that white discharges that wet under garments. 11 respondents have stated that bulge problem in the breast and remaining 39 of them do not have. Only 4 respondents have stated that pain during intercourse and 46 of them do not have any problems during this periods in the study village.

Table- 9: Distribution of the Respondents by Experienced the Health Problems in the last month

SI. No.	Health Problems	No. of Respondents		Total
		Yes	No	
1.	Excess bleeding during periods	19	31	50
2.	Any bleeding in between periods	11	39	50
3.	Periods within short interval	20	30	50
4.	Irregular periods	18	32	50
5.	White discharges with bad smell	14	36	50
6.	White discharges that wet garments	06	44	50
7.	Back pain for long periods	34	16	50
8.	Stomach pain	21	29	50
9.	Breast pain or Bulge in the breast	07	43	50
10.	Pain during intercourse	02	48	50

The above table reveals that the number of the respondents experienced their health problems in the last month. Out of the total, 34 respondents have experienced that the problem of back pain for the long period in the last month and 21 respondents have experienced that stomach pain problem as well as 29 of them have not this problem. 20 respondents have experienced the problem of short interval within the periods and 30 of them have not this problem. Moreover, 19 respondents have experienced the problem of excess bleeding during the periods and 31 of them have not. 11 respondents have experienced in problem any bleeding in between periods and 18 respondents have experienced that irregular periods as well as 32 of them have normal. 14 respondents have experienced the problem of white discharges with bad smell and 6 respondents have experienced the problem of white discharge that wet garments. 7 respondents have experienced the breast pain or bulge in the breast and remaining 43 respondents have not this problem. 2 respondents have experienced the problem of pain during intercourse and 48 of them have not experienced this problem in last month.

Table- 10: Distribution of the Respondents by how many times they have Experienced Health problems

SI. No.	Health Problems	How many times					Total
		0	1	2	3	4	
1.	Excess bleeding during periods	31	1	4	12	2	50
2.	Any bleeding in between periods	39	-	5	2	4	50

3.	Periods within short interval	30	2	5	3	10	50
4.	Irregular periods	32	1	2	15	--	50
5.	White discharges with bad smell	36	6	5	3	--	50
6.	White discharges that wet garments	44	4	2	--	--	50
7.	Back pain for long periods	16	2	3	9	20	50
8.	Stomach pain	29	4	--	3	9	50
9.	Breast pain or Bulge in the breast	43	1	5	1	--	50
10.	Pain during intercourse	48	1	1	--	--	50

The above table shows that how many times the respondents have experienced the health problems in the past. Out of total, 20 respondents have experienced the problem of back pain for long periods for 4 times, 9 of them 3 times, 3 of them have 3 times and 2 of them have one time. With regard to the irregular periods, 15 respondents have experienced 3 times, 2 of them have 2 times and one has experienced one time. The excess bleeding during periods is 12 respondents have experienced 3 times, 4 of them have 2 times, 2 of them have 2 times and one has experienced one time. As for as periods within short interval is concerned 10 respondents have experienced 4 times, 5 of them have 2 times, 3 of them have 3 times and 2 of them have one time with respect to stomach pain 9 respondents have experienced 4 times, 4 of them have one time and 3 of them have 3 times. Regarding the problem any bleeding in between periods 5 respondents have experienced 2 times, 4 of them have 4 times and 2 of the have 3 times with concerning white discharges with bad smell 6 of them have one time, 5 of them have 2 times and 3 of them have 3 times. With respect to white discharges that wet undergarments 4 of them have one time and 2 of them have 2 times. With regard to breast pain or bulge in the breast 5 of them have 2 times and one each of them have 3 times and one time. Regarding pain during intercourse each one of the respondents has experienced the problem 2 times and one time respectively in the past.

Finding and Conclusion

The finding of the study indicates that the majority of the respondents are in the age group of below 30 years and most of them belong to scheduled caste. A good majority of the respondents have school level educated and illiterates. Further, the majority of the respondents are Cooley as well as most of them have a monthly income below Rs. 15000/-

The study results reveals that more than half of the respondents have attained menarche in the age of below 14 years and majority of the respondents have married at the age of below 20 years. This study shows that the rural area girls are doing more physical work. Further, the majority of the respondents have taking regular medical checkup during the pregnancy periods and the rural people more aware of the various medical facilities as well as they are well known about the health problems during the pregnancy periods in the study village.

From the findings of the study it is also evident that the majority of the respondents have had normal deliveries and caesarean, stitches were reported few respondents respectively. The majority of the respondents have practicing different types of family planning methods. It shows that the rural people well known about family planning methods as well as almost all the respondents have awareness about HIV test during the pregnancy periods. This study results exposed that the rural people also more awareness about the HIV and AIDS in the study village.

Further, the study result reveals that out of the total respondents, 31 respondents have suffered due to back pain for long period and 26 respondents have reported that short period interval. 22 respondents have stated that subsequently suffer from the problem of excess bleeding during the periods as well 21 respondents have reported that irregular periods and others have state that normal. Generally, in rural India, all reproductive diseases are caused by poor menstrual hygiene.

Conclusion

Generally, women's standard of living conditions is determined by their socio-economic conditions. Particularly, the rural women's standard of living is very low. In rural India majority of the women fully depend upon the agriculture and allied activities. They are doing hard work and taking less nutrition food. So, the rural women's health is physically weak. When the researcher conducted this study some respondents have reported that the socio-economic conditions have determined their health status. Further, the research study also stated that the reproductive age group respondents have suffered lot of the health problems in the village.

Suggestions

- * The State and Central Government should provide employment opportunities to the rural people for their socio-economic conditions.
- * The Government should provide nutrition foods through Primary Health Centers to rural women during their pregnancy periods
- * The Government should established Primary Health Centers in every village. It provides all medical facilities to women during their delivery time.

References

Asha, A. Bhende and Tara Kanitkar, "*Principles of Population Studies*", Bombay: Himalaya Publishing House, 1978.

Aesai, George T. F. and Gwendolyn Johnson Aesadi Safe Motherhood South Asia; Socio-Cultural and Demographic Aspects of Material Health" Background paper, safe Motherhood South Asia Conference, Lahore, 1990.

Bang, R.A. et al., "*High prevalence of Gynecological disenoos in Rural Indian Women*", The Lancet, January 14, 1989.

Department of Family Welfare, "*Family Welfare Programme*", In: India Year Book, Delhi, 1990-91.

Freed Man, R., and Beredson, *The Record of Family Planning Programme*, Studies in Family Planning 7:1.

Indian Council of Medical Research Field Supplementation, (ICMR), *Trial in Pregnant Women, An ICMR Task Force Study*, New Delhi, 1992.

Jacobson, Jodi, L., *Women's Reproductive Health; The Silent Emergency*, Washington, D.C World Watch Institute Paper 102 (June)1991.

Khan, Babuddin, "*Educate a Women Educate a Nation*", *Third Concept*, New Delhi: August, 1993.

Razzaque, A., "*Reproductive Preferences and Subsequent Behavior in Rural Area of Bangladesh*", Ph.D. Thesis, Australian University.

Winiofat, B., *Women's Health: An Alternative Perspective for choosing Health Interactions*, paper presented at *First Annual Meeting of Community Epidemiology / Health Management Network*, Dhaka, 1987.