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Reproductive Health Status of Women in Rural Areas of Kerala, India

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Abstract: ***Reproductive health of women have largely been declining over a period of time (Quah, 2011). It is quite disheartening to see that the people living in rural areas were not utilizing the services due to lack of awareness and timely interventions (Sakhuja,2008) .Apart from these factors like illiteracy and lack of health consciousness resulted in the most people not being aware of the illness at a stage when prevention is possible. Even the state of Kerala that announces its high indicators are not exempted from this context. Hence the present study on the Reproductive health status of women in rural areas of Kerala was undertaken***

Keywords: Reproductive health, rural women, kerala

1. Introduction

Women's health is an integral part of overall health system of any country. Women are the one who takes care of the health of the whole family. Good health of the children to a greater extent depends on the good health conditions of the mother. They are the foundation of health system/status of a family and community at large (Wingood,and DiClemente,(2013). 'The woman is the pilot around which the family, the society and humanity itself revolves. It is well said that 'the hands that rock the cradle, rule the world'. Welfare of a country largely depends upon the welfare of its women and therefore their health and nutritional status is inseparably devoted with social, cultural and economic factors that influence every spheres of lives, and it has resulted not only for themselves but also for the well-being of their children (particularly females), the functioning of households, and the distribution of resources (Chandrasekhar, 2014). Therefore, there should not be any setbacks in providing at least primary health services to the female population. However, our country hardly gained any success in providing easy and free access of health to women. Women are discriminated at all the ages of their life span. They even enjoy a low status in all the spheres of life, whether it is from the family, or community or society, organized or unorganized sector or even politics (Nagaraju, and Umamohan 2011). In these circumstances, the health status of the women folk is of greater importance, People, community and society at large under estimated the importance of women's health.

2. Statement of the problem

Reproductive health of women have largely been declining over a period of time (Quah, 2011). It is quite disheartening to see that the people living in rural areas were not utilizing the services due to lack of awareness and timely interventions (Sakhuja,2008) .Apart from these factors like illiteracy and lack of health consciousness resulted in the most people not being aware of the illness at a stage when prevention is possible. Even the state of Kerala that announces its high indicators are not exempted from this context. Hence the present study on the Reproductive health status of women in rural areas of Kerala was undertaken with the following objectives.

3. Objectives

The objectives put forward for the present study were as follows:

1) To find out the socio-economic status of the samples selected for the study.
2) To identify the reproductive health related problems of rural women in the selected area.
3) To understand the reproductive health practices of the rural women in the selected area.

4. Materials and Methods

Locale of the Study

India is a land of vast culture and heritage. The country is divided in to 29 States. Though, India as a nation is still on the road of development, inspite of its vast manpower and infrastructural facilities, the State of Kerala has its human development indeces which are at par with the international standards. The well economic structure, technological advancement, and high level of literacy rates and health infrastructure makes it different from all other states of the country. The state is divided into fourteen districts, of which Thiruvananthapuram district is the southernmost district of the coastal state of Kerala . It is the largest city in Kerala. It came into existence in the year 1957. The headquarters is the city of Thiruvananthapuram which is also the capital city of the State of Kerala. For the present study, Thiruvananthapuram district was selected as the locale. Pallichal, Anavoor, Aruvikkara and Vilavoorkkal were the rural areas selected for the study using random sampling method. The list of villages in Thiruvananthapuram was collected from the Corporation office and 4 villages representing four taluks were randomly selected for the study.

Selection of the Sample

Hundred rural women in the age group of 15 - 45 years were selected as the samples for the study. Random sampling method was used for the selection of samples.

Study Design

Interview method was used for the collection of data. Interviewing is one of the prominent method of data collection. A detailed and structured interview schedule was developed to collect the data regarding the baseline information of the respondents. It comprised of questions

regarding their age, type of family, educational qualification, occupational status, Reproductive profile of the respondents, Menstrual related problems of the respondents, Reproductive health practices of the respondents, Nutritional status of the respondents, Chronic illnesses of the respondents. A pilot study was conducted among 10 women in the rural areas of Thiruvananthapuram prior to the starting of the project, in order to check the feasibility of the tools prepared.

Collection of Data: Both primary and secondary data were collected for the study. Primary data was collected using interview method. The secondary data was collected by reviewing the related literature pertaining to the study.

Statistical analysis and interpretation of data
The collected data was statistically analyzed and interpreted using percentage analysis and appropriate statistical tools.

5. Results

The baseline information of the samples includes data related to their age, family, details of family members, educational qualifications, educational qualification, occupational status and family income. 60 per cent of the respondents belong to the age group of 25 – 35 yrs of age. Twenty nine per cent of the respondents belongs to the age group of 35- 45 years of age and 11 per cent of the respondents belong to the age group of 15 – 25 yrs. 65 per cent of them belong to nuclear families. The number of family members varies from families to families. Seventy seven per cent of them have more than three members in their family and twenty three per cent of them have three members in their family. 32 percent of them studied up to tenth standard, and another 32per cent studied till plus two, 31 per cent of them were graduates and 5per cent of them could not complete tenth standard. 83 per cent of them were unemployed and 17 % of them were employed. The economic status of the families was found to be very low. Only 29 per cent of the respondents had a monthly family income of Rs 10000 and above.

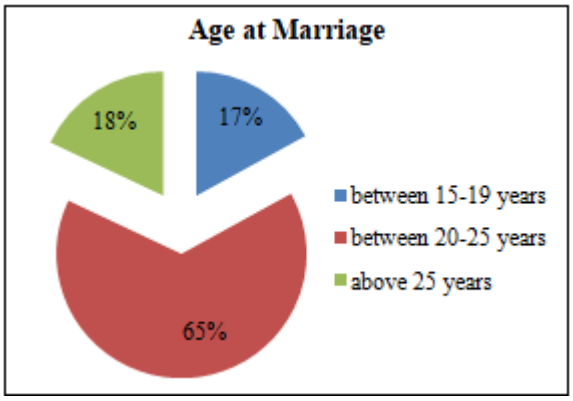

Figure 1: Age at marriage

Regarding the age at puberty, it was found that 60 per cent of the respondent's attained puberty at the age above 13 years while 40 per cent of the respondents attained puberty between the age group of 10 – 13 yrs. Eighteen per cent of the respondents had a miscarriage in their reproductive age. Majority of 83 per cent of the respondents do not take any sorts of treatment or medical care after miscarriages and only 17 per cent of them consulted doctors and took medical care after their miscarriage. In the case of age at first pregnancy, it was found that 70 per cent of the respondents had their first pregnancy between the age group of 20 – 25 years. Twenty two per cent became pregnant after their 25 years and 8 per cent of them conceived between the age group of 15 – 19 years. While analysing the age gap between the children of the selected respondents, it was found that 31 per cent of them had 3 – 5 years of age gap between their children and 13 per cent of them were above 5 years; sixteen per cent of them had 2 years gap and 3 per cent of them had one year age gap between the children.Regarding the type of delivery of the respondents, 71 per cent of them had normal deliveries and 29 per cent of them had Caesarean mode of delivery.

Since the study focuses on understanding the reproductive health of the samples, knowledge regarding the menstrual problems is highly essential. Seventy four per cent of the respondents reported that they had no irregular periods before marriage where as it was only 69 per cent after marriage.Only four per centof the respondents had heavy bleedingduring their menstrual periodsbefore marriageand later it became nine per centafter marriage. Only five per cent reported to had vomiting during the menstrual days before marriage. The unbearable pain during menstruationwas reported to be similar before and after marriage. About seventeen per cent of the respondents reported that they have unbearable pain during the menstrual days.

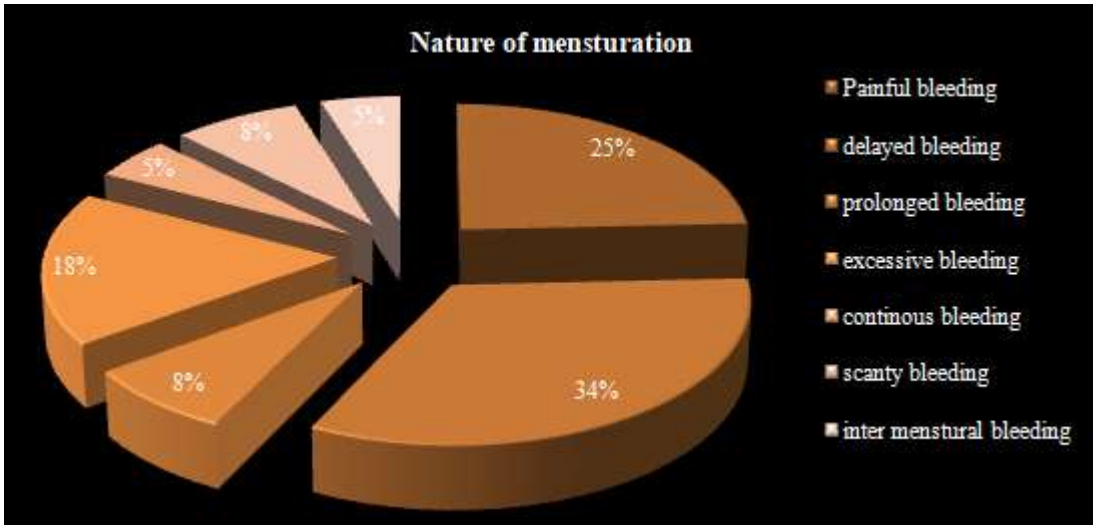

Figure 2: Nature of menstruation

Twenty per cent of the respondents reported that they have polycystic ovarian disease; two per cent have uterine cancer; thirteen per cent have fibroids; seventy nine per cent have reproductive tract infections. While enquiring the problems associated with delivery, abortion and pregnancy, it was found that 64 per cent had pregnancy related problems; 35 per cent had delivery related complications; and only one per cent had problems related to abortion. About seventy nine per cent of the respondents reported that they have reproductive tract infections in some forms. Majority of them complained about white discharges, boils / ulcers /warts in the vaginal region, pain in abdomen and back pain, and difficulties associated with urination.

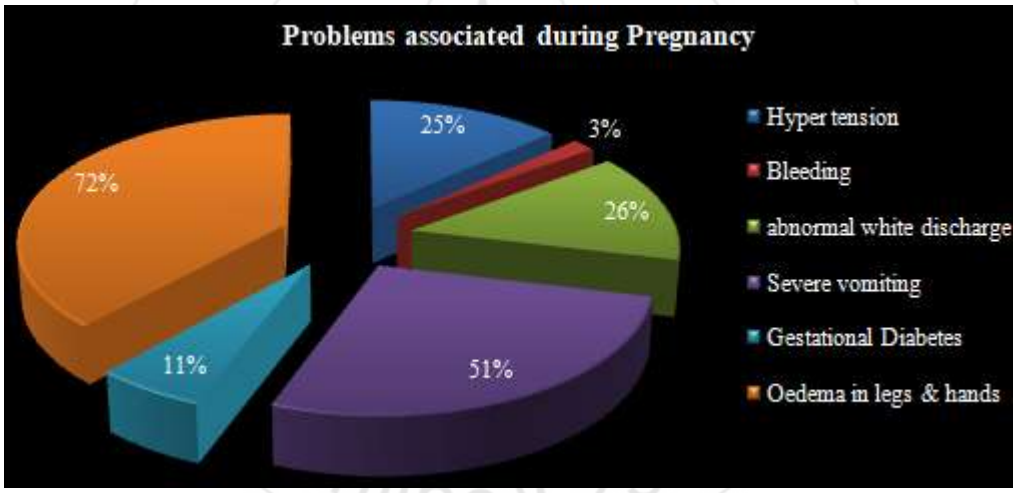

Figure 3: Problems associated with pregnancy

About thirty per cent of the respondents reported that the main problem associated with their delivery is the long duration of the labour pain, which lasted for more than 18 hours. About 25 per cent reported that they had severe bleeding just before the labour and 16 per cent lost consciousness at the time of delivery. Majority of the women consider it as shameful and they are reluctant to discuss it with anyone. Use of contraceptives, sexual contact and sexual abuse were not considered to have any role with the poor reproductive health of the women according to the respondent's perception.

Table 1: Distribution of the samples based on their reproductive health practices

S. No	*Reproductive health practices*	*Percentage (%) (n = 100)*
	Consulting a doctor during pregnancy	
1	Yes	100
2	No	0
	Place of pregnancy care	
1	PHC	5
2	Private hospital	11
3	Government hospital	84
	Consumption of iron folic acid and vitamin supplements	
1	Yes	98
2	No	2
	Vaccination during pregnancy	
1	Yes	100
2	No	0
	Health checkups done in correct time during pregnancy	
1	Yes	100
2	No	0
	Place of pregnancy	
1	PHC	1
2	Government hospital	88
3	Private hospital	11

4	home	0
	Person who attended the delivery	
1	Doctor	100
	Health checkups done in correct time after delivery	
1	Yes	99
2	No	1
	Ayurvedic treatment done after delivery	
1	Yes	89
2	No	11

Though the State of Kerala is well known for its Ayurveda treatment, almost all the people in the state prefer to have Ayurveda treatments for their post natal care. When enquired about such a trend, it was reported that 89 per cent of the respondents had post natal Ayurveda treatment.

Table 2: Distribution of the samples based on their BMI

Sl. no	Category	Percentage (%) (n = 100)
1	Grade III obese	0
2	Grade II- over weight	2
3	Grade I	22
4	Not obese	76
	Total	100

Common cold, diarrhoea and hypotension were found to be common among the respondents followed by defective vision, goitre, pale conjunctiva, joint pain, skin disorders, worms in stools, dengue fever, jaundice, gum problems, asthma, chickenpox, diabetes, pneumonia, malaria, heart attack, cancer, tuberculosis and typhoid.

6. Discussions

Certain variables like monthly income of the family, number of pregnancies, treatment taken after miscarriages and number of miscarriages have direct influence on the reproductive health of the women selected for study, whereas variables like age, educational level, age at marriage, no of children, age gap between the children, type of delivery etc does not have any influence on the reproductive health of the respondents.

7. Conclusion

The findings regarding the reproductive profile of the women in rural areas were quite disheartening and needs urgent address. Miscarriages were found to be very common among these women and it was quite shocking to know that they are not bothered about the health issues and related complications after a miscarriage. This is clearly evident from the data received for the medical treatment or the care that they availed after miscarriages. Hence awareness about the reproductive health care is very much important which can surely bring positive attitudinal changes among the women in rural areas.

8. Recommendations for Further Study

1) A study on the reproductive health status of women in tribal areas could be done.
2) An intervention on creating awareness on the importance of reproductive health can be carried out among the same population.

9. Limitations of the study

Reproductive health still remains as a sensitive area to be discussed among the women, even in States like Kerala, where the literacy levels are very high and the women outnumber their male counterparts. Samples were reluctant to answer questions related to their income, reproductive issues and treatment seeking behaviours.

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