

To Evaluate Reproductive Health Problems among Age Group of 12-49 Years Female in the Selected Urban and Rural Area

Ravindra Premchand Puranik

Ph.D Research Scholar Shri Jagdishprasad Jhabarmal Tibrewala University, Vidyanagari, Jhunjhunu-Churu Road, P.O.-Chudela, Jhunjhunu, Rajasthan 333001

Abstract: *Women bear by far the greatest burden of reproductive health problems. Women are at risk of complications from pregnancy, childbirth, preventing unwanted pregnancy, unsafe abortion, burden of contraception, and reproductive tract infections & sexually transmitted diseases including HIV/AIDS. Biological factors, social, economic and political disadvantages have a detrimental impact on their reproductive health. Based on objectives of the study, 41 structured questionnaire on reproductive health problems were prepared, Exploratory approach & Non-probability purposive sampling technique was used. Results: out of 200 samples (100 in urban & 100 in rural of reproductive age group women) gynecological problems in urban were 11.016% and in rural were 12.31%. Obstetrical problems in urban were 13.40% and in rural were 13.47% and psychological problems in urban were 13.78% and in rural were 16.28%.*

Keywords: Reproductive health, Reproductive health problems, Reproductive age group, Urban area, rural area

1. Introduction

The health of Indian women is intrinsically lined to their status in society. Women especially in the developing world including India were facing many reproductive health problems. The related issues such as abortion, childbirth, sexuality, contraception, and maternal mortality. Biological, social, cultural, economical, and behavioral factors play an important role in determination of reproductive health. Problems of reproductive health are particularly acute in developing nations. Nearly 90 percent of all the births in the world occur in developing countries. Reproductive health needs, especially in developing countries and particularly in India are poorly understood and ill served. Reproductive health addresses women's health, rights, and empowerment, but in India reproductive morbidity is an outcome of not just biological factors but also of women's poverty, powerlessness and lack of control over resources as well. The magnitude of woman's reproductive health problems in India is immense, ignored and marginalized and demands immediate attention.

2. Literature Survey

Reproductive health of women has recently become focus of attention due to its implications for women's own health, health of their children, family members, socioeconomic development of society, and population programmes. The reproductive health status of women, especially in the developing world including India, requires urgent attention. Over one-third of all healthy lives lost among adult women is due to reproductive health problems (WHO). Women are at risk of complications from menstruation, pregnancy and childbirth. They often deal with unwanted pregnancy, suffer due to unsafe abortions, problems arising out of contraception, risk of contracting reproductive tract infections (RTIs) and sexually transmitted diseases (STDs).

The prevention and control of RTIs and STIs, have become a national priority. Research and programmatic efforts have

been significantly enhanced over the last decade; however, the epidemic continues to spread widely and remains a public health as well as a development challenge.

Population Council, New Delhi January (2001) provide areport on community-level studies of maternal and neonatal morbidity done by the NFHS (National Family Health Survey). In that studies mentioned that at the national level, findings suggest that almost half of all pregnant women were anemic (48%) and some 17% suffered moderate or severe anaemia. In addition, women reported swelling of the legs, body or face (26%), blurred vision (22%) and convulsions not from fever (14%). During the postpartum stage, 11% of women experienced massive vaginal bleeding and 13% experienced very high fever (IIPS and ORC Macro, 2000).

National Family Health Survey-2, (1999) estimated that although caesarean section rates nationally are not high-7% of recently delivered women reported caesarean deliveries in 1998-99 -analysis of NFHS 2 data suggests considerable rural-urban disparity (5% and 15% respectively).

According to ICMR, (1989) conduct a hospital-based study and reveals that the risk of abortion complications is 12 times higher for second trimester abortions than first trimester ones.

According to studies conducted by WHO, the extent of primary and secondary infertility in India is 3 and 8 per cent respectively. Recent NFHS 2 data, using childlessness as an indicator, estimates that 3.8 per cent of currently married women between the ages of 40-49 are childless. Based on 1981 Census data, childlessness amongst ever-married women in India is estimated to be about 6 per cent (Vermuri and Manohar, 1986). Evidence from community-based studies from across India suggests similar prevalence rates for childlessness (Bang et al., 1989).

As per the International Institute for Population Science Survey,(2001) 58% of women from Maharashtra suffer from reproductive health problems. These are mainly menstrual problems, RTS/STD problem, gynecological problem, pregnancy related problem, delivery related problem, abortion related problems and contraceptive related problems. According to ICMR report (2006) it shows in Jalgaon 40.3% of women suffers from same reproductive health problems

According to ICMR, (1994) survey reports of reproductive health showed 38 percent women complaining of excessive vaginal discharge. Bleeding, backache, weight gain, and menstrual irregularity are the main side effects experienced by women using IUDs and oral pills (ICMR, 1982).

Karthiga V, et.al. (2011)conducted a study on Menstrual problems among adolescent school girls in Pondicherry. Out of 371 adolescent girls who attained menarche, 193 (52.02%) had experienced dysmenorrhoea and 150 (40.43%) reported passing of clots during menstruation and conclude that there is an urgent need for strong health educational activities among the adolescent girls, their parents and teachers for effective management of menstrual problems among all adolescent girls.

3. Problem Definition

A study to assess the reproductive health problems among reproductive age group women in the selected urban and rural area.”

4. Objectives of the Study

- 1) To assess the reproductive health problems among reproductive age group women in the selected urban area.
- 2) To assess the reproductive health problems among reproductive age group women in the selected rural area.
- 3) To compare the reproductive health problems among reproductive age group women between the selected urban and rural area.
- 4) To find out the association between reproductive health problems among reproductive age group women with their selected demographic variables in the selected urban area.
- 5) To find out the association between reproductive health problems among reproductive age group women with their selected demographic variables in the selected rural area.

5. Methods/approach

In this study, quantitative research design was adopted, because of availability & feasibility of the samples. Based on the problem statement & objectives of the study, exploratory approach was used for this study. The purpose of exploratory study is to observe & explore the reproductive health problems exist in the urban & rural area of Jalgaon. Here the investigator identifies, explore & evaluate the reproductive health problems among reproductive age group women with the help of structured

questionnaire related to reproductive health problems. The population & samples were reproductive age group of 15-45years of selected Urban & Rural Area Who Were Fulfilling The Inclusive & Exclusive Criteria & The Sample Consisted Of 200 Women (100 In Selected Urban & Rural Area). The Sampling Technique Used In This Study Was Non-Probability Purposivesampling Technique. Tools Used For Data Collection Include Two Sections Namely Demographic Variables & Structured Questionnaire On The Selected Reproductive Health Problems Among Reproductive Age Group Women.

6. Result

For The Data Analysis And Interpretation, Various Methods Has Been Utilised By Researcher That Are Descriptive And Inferential Statistics Were Widely Used. In That Frequency And Mean Percentage Were Calculated Total, 41 Questions Are Analysed Based On The Response Of Participant Regarding Their Reproductive Health Problems. A Structured Questionaired Is Used For Data Collection. The Analysis Was Done With The Help Of Descriptive & Inferential Statistics.

SN	Data Analysis	Method	Remark
1	Descriptive Statistics	Mean, Frequency & Percentage	Assess The Reproductive Health Problems
2	Inferential Statistics	Z Test	Relation Between Urban & Rural Area Regarding Reproductive Health Problems
		Chi-Square Test Of Goodness Of Fit Test	Association Between Demographic Variables With Reproductive Health Problems

The Analysis Of Data Is Organized And Presented Under The Following Headings.

Section I: This Section Will Deals With The Frequency Wise Distribution Of Demographic Variables Of Reproductive Age Group Women In Urban And Rural Area.

Section -II This Section Will Deals With The Frequency And Percentage Wise Distribution Of The Reproductive Health Problems Among Reproductive Age Group Women In Urban And Rural Area.

Section III This Section Will Deals With The Percentage Wise Distribution Of The Reproductive Health Problems Among Reproductive Age Group Women In Urban And Rural Area.

Section IV This Section Will Deals With The Summarisation Of Percentage Wise Distribution Of The Reproductive Health Problems Among Reproductive Age Group Women In Urban And Rural Area.

Section V Deals With Data For Comparison Of Reproductive Health Problems Among Reproductive Age Group Women Between Urban And Rural Area.

Section VI Deals With The Association Between Reproductive Health Problems Among Reproductive Age Group Women With Their Selected Demographic Variables In Selected Urban And Rural Area.

Table 1: Distribution of reproductive health problems among reproductive age group women in urban and rural area, n-200

Overall		Mean percentage			
SL	Reproductive health problems	Urban Area %	Rural Area %	Percentage	
1	Gynaecological problems	Menstrual Problems	20.333	24.9333	22.63
		Genital Tract Diseases	9.25	8.125	8.69
		Breast Diseases	1.25	2.75	2.00
		RTI/STD	13.2308	13.4615	13.35
Total		11.016	12.3175	11.67	
2	Obstetrical Problems	antenatal related	13.7857	16.2857	15.04
		Intranatal related	13.6667	11.1667	12.42
		Postnatal related	11.4	12	11.70
		Contraceptive related	14.7778	14.4444	14.61
Total		13.40	13.4742	13.4371	
3	Psychological Problems related to the reproductive health	13.7857	16.2857	15.04	

The above table shows the summarisation of reproductive health problems experiencing in both setting. In urban area menstruation problems are more than contraceptive related problems and RTI/STD. In rural area among the reproductive health problems, menstrual problems and also psychological problems related to reproductive health and antenatal related problems are more.

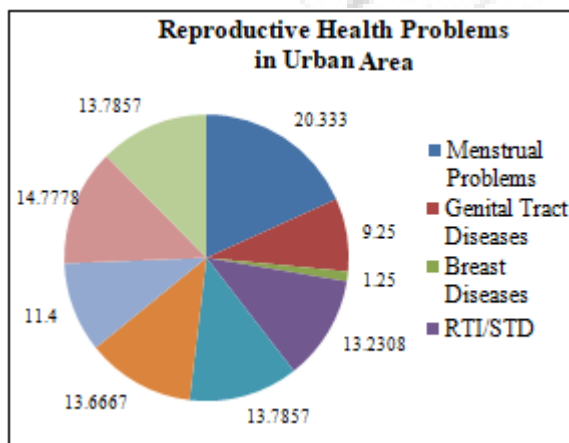


Figure 1: Percentage Wise Distribution of Reproductive Health Problems among Reproductive Age Group Women in Urban Area.

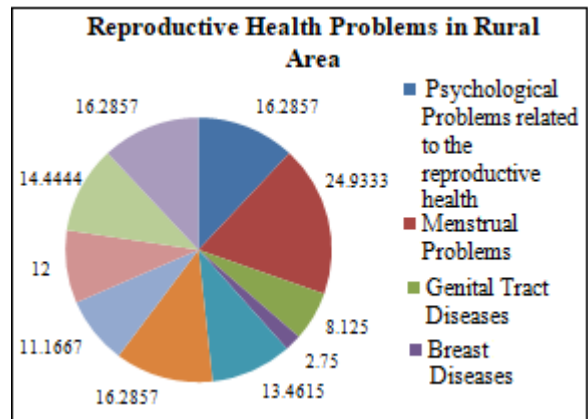


Figure 2: Percentage Wise Distribution of Reproductive Health Problems among Reproductive Age Group Women in Rural Area

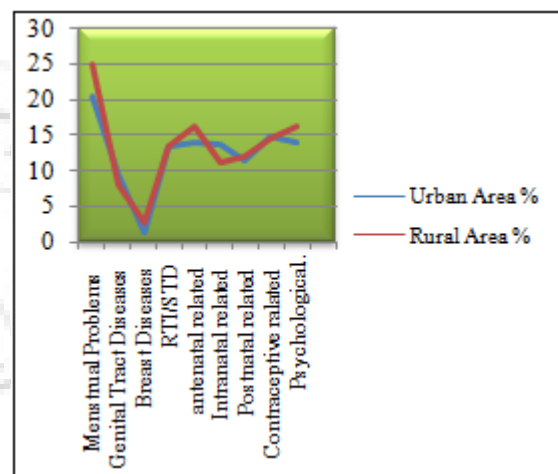


Figure 3: Percentage Wise Distribution of Reproductive Health Problems among reproductive age Group Women in Urban and Rural Area

7. Discussion

The findings of the study have been discussed with reference to the objectives of the study & with the findings of the other studies.

Concerning gynecological problems experiencing by the samples in both the setting, it shows that 20.333% of samples were suffer from menstrual problems in urban area and more in rural area that is 24.9333% . In urban area 9.25% sample is experiencing more genital tract disease than 8.125% in rural area. Breast diseases are more in rural area that is 2.75% as compare to urban area that is 1.25% .with respect of RTI/ STD problems are more in rural area that is 13.46% than urban area 13.23%. In overall observation, it shows that menstrual and RTI/STD are more in urban area and rural area than breast and genital tract diseases.

Concerning obstetrical problems experiencing by the samples in both the setting, it shows that 13.78% of samples were suffer from obstetrical problems in urban area and more in rural area that is 16.28% . In urban area 13.66% sample is experiencing more Intranatal problems than 11.166% in rural area. Postnatal problems are more in rural area that is 12% as compare to urban area that is 11.4%. With respect of contraceptive related problems are more in

urban area that is 14.77% than rural area 14.44%. In overall observation, it shows that all obstetrical problems are significant in both the setting.

With regard to the percentage of study samples, it shows that psychological problems related to reproductive health are more in rural area than urban area that is 16.28% and 13.78% respectively.

Two tailed Z-Test for testing the null hypothesis that state that is there any difference in reproductive health problems in urban and rural area. In this test, a percentage difference is calculated and it was compared with Z observed value and Z critical value in test alpha α was kept 0.05 and significance calculated at p value that is 0.05 level.

The distribution of the samples shows that among all the reproductive health problems, 77 (90.58%) problems has been accepted and problems (9.4117%) has been rejected such as pain during period, spotting between periods, foul smelling menstrual bleeding, some mass coming out of vaginal while straining, involuntary escape of urine while sneezing and coughing, mass in lower abdomen, and white discharge.

Hence, the null hypothesis that is there is no significant difference in reproductive health problems among reproductive age group women in selected urban and rural area has been accepted by Z test.

The association between reproductive health problems among reproductive age group women with their selected demographic variables in selected urban and rural area has been calculated by the value of chi-square for a one-dimensional "goodness of fit" test. The marital status in urban and rural area has significant association with gynecological and obstetrical problems in both the setting and remaining variables don't have any significant association between the reproductive health problems among reproductive age group women in selected urban and rural area.

Hence the null hypothesis has been accepted that is there will be no significant association between the reproductive health problems among reproductive age group women with their selected demographic variables in selected urban and rural area.

8. Conclusion

The following conclusions were drawn from the findings of the present study:-

- 1) In overall observation, it shows that menstrual and RTI/STD are more in urban area and rural area than breast and genital tract diseases.
- 2) In overall observation, it shows that all obstetrical problems are significant in both the setting.
- 3) In overall observation, it shows that psychological problems related to reproductive health are more in rural area than urban area that is 16.28% and 13.78% respectively
- 4) The present study shows that there is no such significant difference in reproductive health problems among the

reproductive age group women in selected urban and rural area except pain during period, spotting between periods, foul smelling menstrual bleeding, some mass coming out of vaginal while straining, involuntary escape of urine while sneezing and coughing, mass in lower abdomen, and white discharge.

- 5) The present study shows there is no any significant association between the reproductive health problems among reproductive age group women with their selected demographic variables except the marital status in selected urban and rural area.

9. Future Scope

The implications from the study is vital concern to the health care team including the professional nurse practitioners, nurse educators, nurse administrator and nurse researchers.

9.1 Nursing Practice

- 1) Health education is a process of assisting people to learn incorporate health related behavior in to their everyday life.
- 2) The community health nurse can give health education regarding the risk factors of reproductive health problems.
- 3) The nurse plays an important role in disease prevention and health promotion education programs with effective teaching strategies, which motivate people to follow healthy practices in day-to-day life.
- 4) Assessment of knowledge and related factors of reproductive health can help to decrease the reproductive health problems.

9.2 Nursing Education

- 1) The nursing curriculum should consist of knowledge related to health information using different methods of teaching.
- 2) Nursing students should be made aware of their role in health promotion and future year, which may help in achieving the goal of health for all the student teaching experience should emphasize on teaching various community groups on preventive and promotive health practices.
- 3) Improved and newer techniques have to be used for motivating public participation in reproductive health problems prevention programmers.
- 4) The nursing educator could use the data as an informative illustration to make aware of the students about factors of reproductive health problems.
- 5) The nurse educator can use the findings of this study as reference material.

9.3 Nursing Administration

- 1) The nurse administrator should take interest in providing information on health, creating awareness in the public about the risk factors of reproductive health.
- 2) Nursing administrator should initiate organizing in-service education program for nurse and motivate nurse to participate in such activities.

- 3) Nursing administration should provide facilities for giving health education and then motivating nursing for such programmers.
- 4) A regular health education programme on reproductive health can be included in the hospital as well as field visit activities.

9.4 Nursing Research

- 1) There is a need of extensive and intensive research in this area, so that strategies for educating nursing for the prevention of reproductive health problems.
- 2) The nursing research should conduct research on various aspects of reproductive health problems, which provides more scientific data and adds more scientific body of information to the nursing profession.
- 3) The findings of this study serves as the guide and provide a base to develop a sense of enquiry among the professional nurses and nursing students.
- 4) The generalization of the study result can be made by further replication of the study in different settings with more samples.
- 5) Further investigators could use the findings and methodology as reference material.
- 6) Recommendations arising from the present study could be utilized for conducting further studies in the same field.

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Author Profile



Puranik Ravindra Premchand Ph.D Research Scholar Shri Jagdishprasad Jhabarmal Tibrewala University, Vidyanagari, Jhunjhunu-Churu Road, P.O.-Chudela, Jhunjhunu, Rajasthan 333001 is working as I Nursing Director cum Associate professor, department of Mental health nursing in Godavari College of nursing jalgaon, Maharashtra, He has been working in the field of mental health nursing & Research for last 10years