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Comparative study of knowledge regarding reproductive health of rural women as per district in Haryana state

Diksha and Dr. CK Singh

Abstract

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood and crucial during adolescence adulthood, sets and stages for health beyond reproductive years for both women and men, and affects the health of the next generation. The study was conducted in Hisar and Jind district of Haryana state. For selection of rural data ten villages were selected at random from both the district. From selected villages 300 respondents from the age group of 18 to 25 years were selected randomly. Knowledge of reproductive health was assessed by self-prepared questionnaire. The collected data was classified and tabulated as per the objectives. For analysis of data frequency, percentages, mean, standard deviation and independent 'z' test was used. Results indicated that respondents had medium level of knowledge regarding reproductive health and Hisar district respondents had better knowledge regarding reproductive health than Jind district respondents.

Keywords: Knowledge, reproductive health, rural, women, comparison

Introduction

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood and crucial during adolescence adulthood, sets and stages for health beyond reproductive years for both women and men, and affects the health of the next generation (Patanwar and Sharma, 2013) [3].

According to World Health Organization (2016) [5], sexual and reproductive health issues accounts for more than one third of the global burden of diseases in women. In women, 36% of healthy life lost is due to reproductive health problems like maternal mortality, maternal morbidity and sexually transmitted diseases. Young people form precious human resources in every country. However, there is considerable ambiguity in the definition of young people and terms like young, adolescents, adult, young adults are often used interchangeably. World Health Organization (WHO) defines 'adolescence' as age spanning 10 to 19 years, "youth" as those in 15-24 years age group and these two overlapping age groups as "young people" covering the age group of 10-24 years.

Menstruation is a normal physiological process representing start of reproductive life but sometimes it is considered as impure occurrence in the Indian society. Inadequate, incorrect information on the topic of menstruation is often a reason of needless restrictions in the daily normal activities of the menstruating girls building various psychological issues. In addition, the lack of knowledge and awareness also clue to some poor personal hygienic practices during periods prominent to numerous reproductive tract infections. Menstrual hygiene denotes to the personal hygiene practice during menstruation. A girl needs to practice a high level of personal hygiene during her menstruation and the personal hygiene flinches from the selection of best sanitary products, its proper usage, disposal, body cleanliness, diet, etc. Menstrual hygiene is central because it is a natural process of hygiene related to practice of girls during periods as it has an influence in terms of to prevent reproductive tract infections and urinary tract infections (Thakre *et al.*, 2011) [4].

Objectives

- To assess the knowledge regarding reproductive health of the respondents as per area
- To compare the knowledge of reproductive health of the respondents across area

Methods and Materials

Research Design

A 'Descriptive Research design' was followed to conduct the present study. Descriptive studies are a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way. It gives better and deeper understanding of a phenomenon on the basis of an in depth study of the phenomenon.

Selection of sample

The sample for the study was 18 to 25 years age group rural women from Hisar and Jind district of Haryana state. For the selection of sample, a list of rural females was prepared on their willingness to participate in the research study. Out of the prepared list, 150 women from selected villages from Hisar district randomly selected and similar procedure adopted in Jind district for selection of 150 rural women. Thus, the sample was comprised of 300 rural women.

Selection of zone

Haryana state divided into five cultural zones i.e. Bagar, Bangar, Nardak, Ahirwal and Khaddar from which two zones were selected randomly i.e. Bagar and Bangar for the study.

Selection of district

To represent the selected zones, one district from each zone was selected at random i.e. Hisar from Bagar cultural zone and Jind from Bangar cultural zone.

Selection of villages

From the selected district, villages selected randomly for selection of respondents. Ten villages selected randomly from each district based on sample size. For rural sample from Hisar district ten villages namely Siswal, Kabrail, Nyolikalan, Kajla, Nyolikhurd, Salemgarh, Jakhod, Mohabatpur and Bagla were selected at random. Similarly from Jind district ten villages were Hamirgarh, Amargarh, Kharal, Balarkhan, Dumarkhan, Dhnori, Dhrodi, Danoda (chota), Sachakhera and Danoda (bada).

Tools used in study: Self-prepared questionnaire were used to know the level of knowledge regarding reproductive health.

Statistical analysis of data

Calculate statistical inference Frequency, percentages, mean, standard deviation and Z test were computed.

Results and Discussion

Table 1: Revealed that regarding the aspect of menstruation in reproductive health attitude, majority of rural women had medium level of attitude (45.3%) followed by low and high level i.e., 35.0 percent and 19.7 percent respectively.

Attitude towards reproductive health	Haryana (n=300)		Total (n=300) f%
	Hisar (n=150) f%	Jind (n=150) f%	
Menstruation			
Low	49(32.7)	56(31.3)	105(35.0)
Medium	70(46.7)	66(44.7)	136(45.3)
High	31(20.7)	28(24.0)	59(19.7)
Anemia			
Low	47(37.3)	47(31.3)	94(31.3)
Medium	67(44.0)	73(48.7)	140(46.7)
High	36(18.0)	30(19.3)	66(22.0)
Adolescence health			
Low	44(27.3)	41(27.3)	85(28.3)
Medium	79(52.7)	83(55.3)	162(54.0)
High	27(18.0)	26(16.7)	53(18.0)
Child and forced marriage			
Low	34(22.6)	30(19.7)	64(21.4)
Medium	43(28.7)	54(36.0)	97(32.3)
High	73(48.7)	66(44.3)	139(46.3)
Contraception			
Low	49(32.7)	39(26.0)	88(29.3)
Medium	82(54.7)	84(56.0)	166(55.3)
High	19(12.6)	27(18.0)	46(15.4)
Sexually transmitted disease			
Low	45(30.0)	43(28.7)	88(29.3)
Medium	81(54.0)	75(50.0)	156(52.0)
High	24(16.0)	32(20.7)	56(18.7)
Pregnancy			
Low	45(30.0)	47(31.3)	92(30.7)
Medium	72(48.0)	79(52.7)	151(50.3)
High	33(22.0)	24(15.3)	57(19.0)
Sex determination			
Low	38(25.3)	42(28.0)	80(26.7)
Medium	25(16.7)	32(21.3)	57(19.0)
High	87(58.0)	76(50.7)	163(54.3)
Miscarriage and abortion			
Low	51(34.0)	42(28.7)	93(31.0)
Medium	68(45.3)	83(55.3)	151(50.3)
High	31(20.7)	25(16.0)	56(18.7)
Maternal health			

Low	38(25.3)	55(36.7)	93(31.0)
Medium	24(16.0)	21(14.0)	45(15.0)
High	88(58.7)	74(49.3)	162(54.0)
Delivery and post-natal			
Low	49(32.7)	51(34.0)	100(33.3)
Medium	77(51.3)	75(50.0)	152(50.7)
High	24(16.0)	24(16.0)	48(16.0)
Low birth weight			
Low	46(30.7)	48(32.0)	94(31.3)
Medium	80(53.3)	75(50.0)	155(51.7)
High	24(16.0)	27(18.0)	51(17.0)
Infertility			
Low	46(30.7)	40(26.3)	86(28.7)
Medium	75(50.0)	76(50.7)	151(50.3)
High	29(19.3)	34(23.0)	63(21.0)

*Figures in parentheses indicate percentage

Turning towards anaemia and adolescence health most of respondents were lie in medium category with 46.7 percent and 54.0 percent respectively followed by low (31.3% and 28.3% respectively) and high level (22.0% and 18.20% respectively).

On overall basis bulk of respondent had high attitude toward child and forced marriage i.e., 46.3 percent followed by medium and low level (32.3% and 21.4% respectively).

Further, in the aspects of contraception, sexually transmitted disease and pregnancy around fifty percent of rural women had medium level of reproductive health related attitude followed by low level and high level respectively.

Table clearly depicted that in the aspect of sex determination and maternal health most of the respondents were lie in the higher category with 54.3 percent and 51.0 percent

respectively followed by low (26.7% and 31.0% respectively and medium category (19.0% and 15.0%) respectively.

After that, it were recorded that around 50 percent of rural women in the aspect of miscarriage and abortion, delivery and postnatal, low birth weight and infertility comes under the medium category were followed by low level and high level respectively. Result supported by the study of Mittal and Goel (2010) [2] regarding abortion, girls knew that it can be performed at government and private health facilities but none of them knew about the indications, criterion for the place where legal abortion can be performed, and person who can carry out legal abortion. Similar results were found by Haque *et al.* (2015) [1] that poor knowledge on reproductive health was more among rural women. Urban women were more knowledgeable about reproductive health than rural women.

Table 2: Comparison of reproductive health knowledge among respondents as per residential area

Aspects of reproductive health	Hisar (n=150)	Jind (n=150)	Z -values
	Mean ± SD	Mean ± SD	
Menstruation	1.57±0.49	1.47±0.50	2.43*
Anemia	1.51±0.50	1.47±0.47	0.58
Adolescence health	1.51±0.49	1.57±0.50	0.86
Child and forced marriage	1.58±0.88	1.51±0.50	0.69
Contraception	1.57±0.49	1.49±0.50	3.14*
Sexually transmitted disease	1.51±0.50	1.62±0.10	2.16*
Pregnancy	1.60±0.53	1.51±0.51	2.22*
Sex determination	1.59±0.52	1.54±0.22	1.42
Miscarriage and abortion	1.48±0.50	1.51±0.50	0.74
Maternal health	1.57±0.25	1.49±0.19	2.98*
Delivery and post-natal	1.48±0.50	1.52±0.50	0.83
Low birth weight	1.53±0.51	1.50±0.48	0.86
Infertility	1.51±0.58	1.55±0.57	1.11
Total	19.27±0.63	18.71±0.55	6.70*

*Significant at 5% level of significance

Table 2 exhibits the comparison of reproductive health knowledge across district. Result showed the significant difference for menstruation ($z = 2.43^*$), contraception ($z = 3.14^*$), sexually transmitted disease ($z = 2.16^*$), pregnancy ($z = 2.22^*$), maternal health ($z = 2.98^*$) and overall reproductive health knowledge ($z = 6.70^*$).

While non-significant difference observed in anaemia, adolescence health, child and forced marriage, sex determination, miscarriage and abortion, delivery and postnatal, low birth weight and infertility.

Mean score in the table highlighted that in reproductive health knowledge of Hisar rural women were high as compared to Jind rural women.

Conclusion

At the end of the research it can be concluded that majority of the respondents had medium level of knowledge regarding reproductive health followed by low and high level. The significant difference in mean values of knowledge regarding reproductive health of Jind and Hisar district respondents, Hisar respondents had better knowledge regarding reproductive health than Jind district respondents.

References

1. Haque M, Hossain S, Ahmed KR, Sultana T, Chowdhury HA, Akter J. A comparative study on knowledge about reproductive health among urban and rural women of

- Bangladesh. Journal of Family and reproductive health. 2015;9(1):35-40.
2. Mittal K, Goel MK. Knowledge regarding reproductive Health among Urban Adolescent girls of Haryana, Indian Journal of Community Medicine. 2010;35(4):529-530.
 3. Patanwar V, Sharma A. Knowledge regarding breastfeeding and factors associated with its practice among postnatal mother in central India. International Journal of Medical Science and Public Health. 2013;4(7):15-29.
 4. Thakre SB, Thakre SS, Reddy M, Rathi, N, Pathak K, Ughade S. Menstrual hygiene: knowledge and practice among adolescent school girls of Saoner, Nagpur District, Journal of Clinical and Diagnostic Research. 2011;5(5):1027-1033.
 5. World Health Organization. International Classification of Health Interventions (ICHI)-Alpha Version. World Health Organization; Geneva, Switzerland; c2016.