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Reproductive Health Status of Young Adult Women

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ABSTRACT

Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well being by preventing and solving reproductive health problems. Women are particularly vulnerable to reproductive health problems because of their lack of information and access to relevant services. Adolescent and young adult women have district reproductive and sexual health issues which are often inadequately addressed. In this background, an attempt has been made in this study to know on reproductive health status of young adult women with specific objectives. A total of 200 women in reproductive age group of 19-35 years constituted the sample for the present study. An interview schedule was used for data collection. The collected data was pooled and formulated them into tables and percentages were calculated. Effective advocacy is essential in creating awareness on reproductive rights and reproductive health.

KEYWORDS Reproductive health, reproductive status, young adult women, health status etc.

INTRODUCTION

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process. Reproductive health also includes the right to make decisions concerning reproductive free of discrimination, coercion and violence, as expressed in human rights documents. The promotion of responsible exercise of these rights for all people should be the fundamental basis for Government and community supported policies and programmes in the area of reproductive health, including family planning. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries.

Reproductive health incorporates all of those aspects in a comprehensive manner. While acknowledging the importance of family planning, the approach recognizes that reproductive health is not limited to the Child-bearing ages and that reproductive health concern of men as well as women. It also recognizes that to address reproductive health issues successfully, there is need to address relevant social behavior and cultural practices.

It is based on the promise that the health status of individuals at any given time is affected by their earlier experiences. The reproductive health of men and women of child-bearing age, for example, reflects not only their current experiences but also their health status during infancy, childhood and adolescence. Women's health in terms of reproductive had been a neglected area for a longtime. Recognizing the specific needs and variations, the UNFPA (United Nations Fund for population activities) guidelines specified general priorities on "family planning, maternal care, prevention of reproductive tract infections and prevention of unsafe abortion because of their overall greater impact in improving sexual and reproductive health."

METHODOLOGY

The overall objective of the present study was to assess the reproductive health status of young adult women.

Specific objectives

- To study the demographic profile of young adult women – which includes the information on respondent age, marital status, age at marriage, age at menarche, personal hygiene during menstruation number of conceptions etc.
- To study and to assess the socio-economic conditions of young adult women – which includes the information related to respondent education, occupation, income etc.
- To collect the information on awareness of reproductive health status of young adult women.

Sample

A total of 200 women in reproductive age constituted the sample for the present study. A simple random sampling technique was adopted in the selection of respondents. A total of 200 married women in the age group of 19-35 years were selected randomly.

Tool

An interview schedule was prepared carefully to collect the information from the respondents. The items in the schedule were made simple to safeguard against confusion and misunderstandings. The investigator administered the interview schedule to the respondents individually by visiting their homes. Besides, interview schedule, an observation method was also used for data collection. The collected data was pooled and formulated them into tables and percentages were calculated.

Interpretation of results

The sample of 200 young adult women in the present study represents a cross-section of the residents of Tirupati town.

There are variations in age, education, occupation, income, age at menarche and age at marriage. It is therefore, necessary to present the characteristics and composition of the sample. Any meaningful study of reproductive health of young adult women in a population group must take into account a number of factors which describe their socio-economic and health conditions. Keeping this in view, the socio-economic and health profile of respondents were presented here. Age in general, age at marriage, age at menarche are three variables having considerable relevance in the study of reproductive behavior.

Table No-1: Frequency distribution related to demographic and socio-economic aspects of young adult women

Sl. No.	Variables	Number	Percentage
1.	Age		
	a. Less than 20	32	16
	b. 21-25	28	14
	c. 26-30	70	35
	d. Above 31	70	35
	Total	200	100
2.	Education		
	a. Primary Level	106	53
	b. Below SSC	14	7
	c. SSC	40	20
	d. Graduation	40	20
	Total	200	100
3.	Occupation		
	a. House wife	120	60
	b. Job	80	40
	Total	200	100
4.	Income / month		
	a. Less than Rs. 10,000	132	66
	b. Rs. 10,001 – 20,000	32	16
	c. Rs. 20,000 and above	36	18
	Total	200	100
5.	Age at menarche		
	a. Less than 13	60	30
	b. 14 – 15	132	66
	c. 16 – 17	4	2
	d. 17 and above	4	2
	Total	200	100
6.	Age at marriage		
	a. Less than 15	98	49
	b. 16 – 20	90	45
	c. 21 and above	12	6
	Total	200	100

Age

Out of the total 200 respondents who were interviewed 16 per cent of the sample belonged to 1st age group, whose age was below 20 years. 14 per cent belonged to age group between 21 and 25 years, 35 per cent of the respondents belonged to age group 26 and 30 years. While in the age group above 31 years, the respondents constitute again 35 percent.

Education

Education has been an important factor in facilitating reproductive health behavior. Urban areas have attracted both less educated and uneducated ones in adequate numbers.

Table No-1 shows the distribution of respondents according to their level of education more than fifty (53) percent of the respondents had primary level education. 7 per cent of respondents had education less than S.S.C. 40 per cent of the respondents was S.S.C. level and another 40 per cent of respondents were graduates.

Education acts as a catalyst in the process of human movement. It is an indicator of socio-economic status as well as quality. A significant positive relationship between education and reproductive behavior was reported (Vishnupriya and Sreedevi, 2002; Thulasamma, 2010).

Occupation

Occupation is an important variable which influences the economic status of an individual and family. The women who are relatively less educated and have also been confined to household chores and agriculture are also empirically found to be primarily in traditional role of house wife.

The data indicates that majority of the respondents were house wives i.e. 60 per cent of the total sample. 40 per cent of the respondents were doing jobs in private and government sectors.

Income

There is no doubt that income plays a very significant role in any family. Out of 200 respondents, 66 per cent were earning less than 10000 / month. Only 16 per cent of sample getting Rs. 10,000 and 20,000 per month and 18 per cent of sample were earning Rs. 20,000 and above per month. This information would provide insight into the living conditions of the respondents.

Age at menarche

Changes in emotions and physical functions are commonly seen in women during menstrual cycle. But menstruation is not an illness and kindly is not accompanied by serious pain, although about half of the women experience uneasiness of some kind or other during menstruation.

The data from the above table clearly indicates that majority of the respondents age at menarche was 14 and 15 years which constitutes 66 per cent of the total sample. 30 per cent of sample age at menarche was less than 13 years, a negligible per cent that is 2 per cent of respondents age at menarche was at 16 and 17 years and 2 per cent were above 17 years.

Age at marriage

Marriage as an universal phenomenon. In India, as elsewhere, it has social approval as also religions sanction. Generally, marriages are performed at an early age in India. In most of the countries of the world, the minimum age at marriage for both boys and girls has been laid down by law and is not left to custom. As such, the average age at marriage for girls during last few decades is on the rise. It has not risen uniformly. Large considerable variations in the age of marriage vary with the different regions in the country and among the diverse socio-economic and population groups. Age at marriage is one of the most important demographic factors which influence fertility trends of the nation.

It may be observed that majority of the respondents were married at the age less than 15 years (49 per cent). 45 per cent of the respondents were married between the ages of 16 and 20 years only. 6 per cent of sample were married at above 21 years.

Table No-2: Frequency distribution related to information on awareness of reproductive health status of young adult women

Sl. No.	Variables	Yes	Percentage
I.	Management of menstruation		
1.	Duration of menstrual cycle		
	a. Below 21 days	53	26.5
	b. 28-30 days	98	49
	c. Above 30 days	49	24.5
2.	Duration of menstrual cycle		
	a. 3 days	42	21
	b. 4-5 days	38	19
	c. Above 5 days	120	60
3.	Physical problems during menstruation		
	a. Stomach & back pain	142	71

	b. Lower abdomen pain	40	20
	c. Heaviness of breast	18	9
II.	Gynecological problems (Experiences during past 3 months)		
	1. Burning sensation pain (or) difficulty while urination	12	6
	2. Pain during intercourse	4	2
	3. Vaginal discharges	38	19
	4. No such problems	146	73
III.	Pregnancy		
	1. Early pregnancy	56	28
	2. Septic abortion	16	8
	3. Unwanted pregnancy	14	7
	4. Normal	114	57
IV.	Source of Knowledge on Reproductive Health		
	1. Media (TV, Radio, Newspaper)	160	80
	2. Health workers	14	7
	3. Relatives / Friends	26	13
	4. Any other	-	-
V.	Knowledge on HIV/AIDS		
	1. Multiple partners	180	90
	2. Transfusion of infected blood	60	30
	3. Through needles/ bladeless/ skin puncture	40	20
	4. Infected mother to child	15	7.5
	5. Condom usage	186	93
	6. Proper treatment, during RTI	59	29.5
VI.	Knowledge on Family planning methods		
1.	Temporary methods		
	a. Condom	24	12
	b. Copper-T	38	19
	c. Loop	122	61
	d. Tablets	15	7.5
2.	Permanent methods		
	a. Tubectomy	200	100
	b. Vasectomy	198	99

Information on reproductive health of young adult women

In today's society with its constant emphasis on sex, ignorance of various facts of reproductive health and lack of its right attitude can create unhealthy curiosity, which can sometimes makes a young boy or girl or young man or young woman to experiment recklessly. Education is the best defence against the tragic situations that results not so much from ignorance of anatomy and physiology, but rather from a lack of awareness of the power of sexual emotions. A person's ideas and attitudes with respect to sex are significant for society as well as for his / her own well being. Information about sex is essentially a preventive measure to help everyone to become emotionally stable and develop wholesome character and shape their future, family and healthy reproductive life.

Reproductive health is the term which covers all aspects of women's health from childhood and adolescence through reproductive age, menopause and beyond. It is influenced by gender equity – education including health education, sexual behavior, fertility control, maternity care and reproductive tract infections.

The World Health Organization (WHO) defines reproductive health as a state of complete physical, mental and social well being and not men absence of disease in relation to reproductive processes, systems and practices at all stages of life (WHO, 1994), it covers all aspects of reproductive health across a life span (from cradle to grave – childhood to adolescence, reproductive period to menopause and the elderly age) as what happens in adolescence affects her reproductive epoch later and the injuries and infectious (eg. By HIV) occurring in the reproductive epoch may result in genital lapse and cancer in the post menopausal age. The female illiteracy, gender inequity, malnutrition, uncontrolled fertility, poor maternity care services and reproductive tract infectious all adversely alert reproductive health resulting in high reproductive morbidity and mortality rates often seen in the developing world.

The essence of sexual and reproductive health is recognition of all individuals and couples basic right to make informed choices freely and responsibly.

Perceptions about menstruations

Throughout the ages, menstruation in women has been the subject of much speculation and superstitions belief on the part of both laymen and medical men. Only within last hundred years has any reliable scientific information been available about this function. Research continues to add answers to some questions that are existed about this function. In general, however, it may be said that menstruation is the result of failure of conception to occur.

Menstruation

Duration of menstruation depends upon one own physiology. It may last from days to week. The table No. 2 shows the information about menstruation cycle. The data in the table shows that half of the women respondents were having menstrual cycle between 28 – 30 days. A quarter of the women respondents had their menstrual cycle period less than 21 days and more that 30 days respectively, few per cent of women having irregular cycle. Majority of respondents menstrual flow is normal. Majority of the respondents (71%) had stomach and back pain during menstrualcycle.

Gynecological problems

That data in the above table explains that majority of the respondents not experiencing problems but 19% of the total sample facing abnormal vaginal discharges – which need further medical information and suggested immediate consultation of doctor for treatment. Majority of the respondents were normal delivery and safe pregnancy. Few respondents had septic abortion because of lack of information on family life education and methods to adopt during spacing between child issues. 28% of respondents had early pregnancy that is below 18 years of age.

Knowledge on Reproductive health

The respondents in the present study aware of some information / knowledge on reproductive tract infectious through T.V, radio and few from news paper, a least percent through health worker, relatives and friends. They are still hesitating to elicit little important information regarding reproductive health.

Knowledge on HIV / AIDS

The data in the table reveals that all respondents of the sample knew that AIDS might be transmitted through multiple partners. Few percent of respondents knew that transmitted through mother to child.

Majority of the respondents new all most all temporary and permanent methods of family planning but for their practice, they are choosing their own methods. It is evident from the table that all the respondents were having knowledge on permanent methods like tubectomy and vasectomy. But cent percent of respondents considering tubectomy is the best method.

Major findings of the study

- Majority of the respondents (84%) were in the reproductive age group.
- More than half of the respondents (53%) had primary level of education.
- Majority of the respondents (60%) were house wife. Only 40% of the respondents were doing job (private and government).
- 66% of respondents family monthly income is less than Rs. 10,000.
- Majority of respondents age at menarche is between 14 – 15 years of age. All the respondents age at menarche is quite normal.
- Nearly half of the percent of respondents i.e. 49% had married below the legal age but they know the appropriate age of marriage.

- More than three fourth of the women had correct knowledge about menstruation, its cycle and problems.
- One third of the respondents had few gynecological problems.
- Nearly three fourths of the respondents had normal and safe pregnancy.
- One third of the respondents had conceived early after their marriage.
- 80 per cent of the respondents source of knowledge on reproductive health through television and radio.
- Young adult women of this study are better informed the small family norm and its advantages for a higher quality of life.
- More than three forth of women ever visited ANM workers.
- Majority of the women knew correct perception about the responsibility of safe sex, and minimum knowledge on HIV/ AIDS transmission.
- Majority of educated women using sanitary napkins and following personal hygiene and sanitation during menstruation.
- Few respondents were stated that AIDS will spread through mosquito bite and kissing.
- Cent percent of the respondents agreed that AIDS is a serious health hazard to man kind and using a condom correctly every time they perform sex prevents transmission of HIV.
- Cent percent of respondents adopted the permanent method of tubectomy and few expressed vasectomy may be risk for male.
- Majority of the respondents opined that family life education is good for reproductive health.

Conclusion

Effective advocacy is essential in creating awareness of reproductive rights and reproductive health and can be facilitated by the use of effective information, education and communication strategies. These are important instruments that stimulate attitudinal and behavioural change. Population policies and legislation have a major role to play in the creation of a supportive environment for reproductive health and family planning.

Health professional should be trained to cater to the special needs of the population they serve, in such areas as interpersonal communications, sexuality, counseling and team building, in ways that will promote work with social welfare workers, teachers, parents and community leaders. The training of educators and student peers in educational and counseling activities should focus on techniques dealing with problem solving, listening, conflict resolution, decision-making, and basic education, as well as on sexual and reproductive health needs.

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