



RESEARCH ARTICLE

SURVEY TO ASSESS ATTITUDE AND PRACTICE OF REPRODUCTIVE HEALTH AMONG THE FEMALE PATIENTS

*Dr. Kumari, M.J.

Professor cum Principal (Ag.), College of Nursing, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, India

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ABSTRACT

Introduction: Reproductive health of women is essential to produce healthy citizen to thenation. Good reproductive health is important for women's general health and wellbeing.

Objectives: The study objectives were to assess the attitude towards reproductive health among women, to assess how the women were practice reproductive health and to find out the association between the attitudes of reproductive health among women with selected variables.

Methods: A survey research design was adopted to assess the attitude and practice of reproductive health among the female patients in multispecialty hospital, Puducherry. Totally, 500 patients who were satisfied with the inclusion criteria involved in the six month of data collection period. The tool consists of three parts that is demographic variables, five point likert's scale, multi response question related to practice of reproductive health. The data were collected by face to face interview method in regional language.

Results: The study findings shows that mean value for attitude on reproductive health was 9.8 with standard deviation of 2.245. Out of 500 patients, 246 (49.2%) of women used old cotton cloth material during menstruation, 424 (84.8%) told that they change the undergarments daily. They make one of sunlight for drying the inner garments about 322 (64.4%), 264 (52.8%) dispose the napkin by bury and burn method. 256 (51.2%) does not follow any taboos during menstruation.

Conclusion: The concluded few of them had favorable attitude regarding the reproductive health and satisfactory practice. They need education awareness program to improve their attitude and practice of reproductive health.

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INTRODUCTION

Reproductive health is a crucial part of general health and a central feature of human development. Reproductive health is a universal concern, but it is special importance for women particularly during the reproductive years. Reproductive health of women is essential to produce healthy citizen to the nation. Good reproductive health is important for women's general health and wellbeing. Reproductive health is not just about sex. It is part of a holistic health program starting from early age teaching values and understanding of their bodies. Women need health care in order to be able to carry their sexual and reproductive functions and to carry them safely and successfully. The needs of the woman were submerged in the needs of the mother. Comprehensive reproductive health education for family physicians could benefit patients by

improving access to safe care for unintended pregnancy and early pregnancy loss and by improving continuity of care, especially for rural and low-income women. Reproductive health should also address issues such as harmful practices, unwanted pregnancy, unsafe abortion, reproductive tract infections including sexually transmitted diseases and HIV/AIDS, gender-based violence, infertility, malnutrition, anemia and reproductive tract cancers. Appropriate services must be accessible like information, education, counselling, prevention, early detection, management of health problems and rehabilitation. Women bear by far the greatest burden of reproductive health problems. Women are at risk of complications from pregnancy and childbirth; they also face risks in preventing unwanted pregnancy, suffer the complications of unsafe abortion, bear most of the burden of contraception, more exposed to contracting, and suffering the complications of reproductive tract infections, particularly sexually transmitted diseases (STDs). Among women of reproductive age, 36% of all healthy years of life lost are due to reproductive health problems such as unregulated fertility.

*Corresponding author: Dr. Kumari, M.J.,
Professor cum Principal (Ag.), College of Nursing, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, India.

Table 1. Demographic variables of women at Puducherry N=500

Demographic variables		Frequency (No.)	Percentage (%)
Residence	Urban	56	11.2
	Rural	444	88.8
Religion	Hindu	473	94.6
	Christian	21	4.2
	Muslim	6	1.2
Age in Years	15-20	24	4.8
	21-25	137	27.4
	26-30	149	29.8
	31&above	190	38
Educational Status	Non-literate	157	31.4
	Primary school	168	33.6
	High school	125	25
	Higher secondary	33	6.6
	Graduate	17	3.4
Able to read & write	Yes	318	63.6
	No	182	36.4
Hobby	Watch T.V	393	78.6
	Listen Radio	21	4.2
	Reading books	45	9.0
	Others	41	8.2
Type of family	Nuclear family	372	74.4
	Join family	128	25.6

maternal mortality and morbidity and sexually transmitted diseases including HIV/AIDS. It is important to take steps to protect it from infections and injury, and prevent problems. Women attitude and how they are practice their reproductive health also important to develop the health care planning to break the barriers. The study objectives was to assess the attitude towards reproductive health among the women, to assess how the women are practice reproductive health and to find out the association between the attitude of reproductive health among women with selected variables.

MATERIALS AND METHODS

A survey research design was adopted to assess attitude and practice of reproductive health among the female patients in multispecialty hospital, Puducherry. General surrounded village people getting benefits from this hospital. The study was conducted in gynecological out-patient department. The study inclusion criteria was female patients who were between the age group of 15 to 49, attended in gynecological out-patient department, living in Puducherry, those were willing to participate the study and who were able to speak in Tamil or English. Totally, 500 patients who were satisfied with the inclusion criteria involved in the six month of data collection period. The data collection was by face to face interview technique in regional language after obtained consent from the patients and used separate interview schedule for each woman. Approximately, 30 minutes was required for each interview. After complete the data collection as per the interview schedule, the investigator gave health education on reproductive health with the help of laptop explained about anatomy and physiology of reproductive system, menstruation cycle, menstrual hygiene, how the baby form, antenatal care, delivery, postnatal care, safe sex and immunization in power point presentation. The instrument consists three parts: i. Demographic variables. It consists of seven variables include age, religion, marital status, education, ability to read and write, hobby and type of family. There is no scoring for the demographic variables. ii. Attitude related to reproductive health. It consists of 15 statements shuffled with positive and negative statement related to pregnancy, child birth, sex education, premarital sex, delivery, menstruation, myths, family planning and health check-up.

In positive statement has been given five response that was strongly agree got five score, agree noted four score, uncertain mentioned two score and strongly disagree got one score. In negative statement, the score has been reversed. The patients obtained score was calculated in percentage upto 50 considered as unfavorable attitude, 51 to 75 stated as moderately favourable attitude and above 75 mentioned as favourable attitude. iii. Practice related to reproductive health. It consists of 15 questions related to sexual hygiene, menstrual and personal hygiene. The practice has been analyzed based on the patients' response, no score for each response.

RESULTS

The Table 1 shows the frequency and percentage distribution of demographic variables among the female patients. Table 2 shows that frequency and percentage distribution of attitude regarding reproductive health among the female patient. Table 3 shows that frequency and percentage distribution of practice regarding reproductive health among the female patients. The table 4 Shows that the attitude of the female patients regarding reproductive health. Table 5 shows that few of them had favorable attitude on the reproductive health. Table 6 shows the association between attitude on reproductive health and selected demographic variables. There is a statistically significant relationship between the level of attitude on reproductive health and age, education and type of family among women at 0.05 levels.

DISCUSSION

The Table 2 most of the women suggested that early registration has to be needed for safe delivery due to their awareness and the knowledge available through media and other informative sources. Moreover they thought that bad habit to be affecting reproductive health. They gained knowledge through health personal, their own experience, and exposure to other similar members. Few of the female patients (19.4%) only strongly disagree the statement. Most of them didn't know that papaya may be taken during pregnancy period. Since, fruits are essential for antenatal diet. Most of the patients disagree that unnecessary drugs should not be taken at the time of pregnancy because it may affect the fetus.

Table 2. Attitude on Reproductive Health among the Female Patients N=500

Statement	Correct response Frequency (No.)	Correct response Percentage (%)
Early registration of pregnancy can help for safe delivery.	484	96.8
Bad habit will not affect the reproductive health.	428	85.6
Immunization is important for ante natal mothers.	377	75.4
Papaya shouldn't be taken during pregnancy.	97	19.4
Any drugs can be taken during pregnancy.	402	80.4
During menstruation women should not be isolated.	103	20.6
Menstruation is an unwanted process for women.	229	45.8
Pregnancy is important in women's life.	487	97.4
Menstrual bleeding is a waste content of women.	62	12.4
Lactation does not affect the women's beauty.	411	82.2
Family planning is only for women.	193	38.6
Sex education is necessary for women.	385	77.0
Premarital sexual contact is wrong for women.	483	96.6
Frequent child birth will not affect women's health.	328	65.6
Regular health check-up is necessary for women.	435	87.0

Table 3. Practice of Reproductive Health among Female Patients N=500

Statements	Responses	Frequency (No.)	Percentage (%)
Material used during menstruation	Sanitary pads	194	38.8
	Old cotton cloth	246	49.2
	Cotton pads	60	12.0
No. of used the same material for menstruation	Only once	182	36.4
	Twice	277	55.4
	Till the cloth damage	41	8.2
No. of time change menstrual pad per day	2-3 times	299	59.8
	3-4 times	97	19.4
	Once	104	20.8
No. of time change under garments	Daily	424	84.8
	Once in two days	4	0.8
	Does not use	72	14.4
Place to dry the inner garments	Sunlight	322	64.4
	Dark area	58	11.6
	Inside the bathroom	120	24.0
No. of times take bath during menstruation	Daily	465	93.0
	Once in three days	27	5.4
	After stop the menses bleeding	8	1.6
Method of dispose the used napkins	Bury & burn	264	52.8
	Throw in dust bin	143	28.6
	Throw in open place	93	18.6
Practice of taboos during menstruation	No	256	51.2
	Yes	244	48.8
Reusing the materials during menstruation	Yes	345	69.0
	No	155	31.0
Your husband have extra marital sex	Yes	11	2.2
	No	465	93.0
	Don't know	24	4.8
You have extra marital sex.	Yes	4	0.8
	No	496	99.2
Wash your hand after defecation	Soap & water	292	58.4
	Water	167	33.4
	Don't wash	41	8.2
Remove the pubic hair	Weekly once	164	32.8
	Monthly once	257	51.4
	Don't remove	79	15.8
Place to you defecate	Toilet	390	78.0
	Out side	110	22.0
Place to you urinate	Toilet	248	49.6
	Bathroom	160	32.0
	Out side	92	18.4

Table 4. Level of Attitude on Reproductive Health among the Female Patients N=500

Attitude scores	Frequency	Percentage
Un favourable attitude ($\leq 50\%$)	77	15.4
Moderately favourable attitude (51-75%)	341	68.2
Favourable attitude ($>75\%$)	82	16.4

Table 5 Mean and Standard Deviation of Attitude on Reproductive Health among Female Patients N=500

Attitude level	Mean	Standard deviation	Range	
			Min	Max
Attitude Regarding Reproductive Health	9.8	2.245	3	14

Table 6. Association between Attitude on Reproductive Health and demographic variables

Demographic variables		ATTITUDE LEVEL						χ^2
		Unfavourable		Favourable		Most Favourable		
		N	%	N	%	N	%	
Age in years	15-20	-	-	17	3.4	7	1.4	$\chi^2 = 9.233$ p = 12.59 df = 6 (Sig.)
	21-25	26	5.6	91	18.2	20	4	
	26-30	26	5.6	98	19.6	25	5	
	31 & above	25	5	136	27.2	29	5.8	
Educational status	Non literate	29	5.8	94	18.8	34	6.8	$\chi^2 = 11.914$ p = 15.5 df = 8 (Sig.)
	Primary school	24	4.8	122	24.4	22	4.4	
	High school	18	3.6	90	18	17	3.4	
	Higher secondary school	4	0.8	26	5.2	3	0.6	
Type of family	College level	2	0.4	10	2	5	1	$\chi^2 = 1.299$ p = 9.49 df = 4 (Sig.)
	Nuclear	55	11	254	50.8	60	12	
	Joint	21	4.2	86	17.2	21	4.2	
	Others	1	.2	2	0.4	-	-	

A sum of 20.6% patients only strongly agrees that women should not be isolated during menstruation. It shows the people still following myths during menstruation. Majority of the female patient still they were thinking that menstruation content is waste material from female body. Most of the female patients were expressed that lactation will not affect the beauty of the women. It shows, nowadays women had interest on breast feeding their child. Almost three fourth (77%) of the female patients strongly agree the sex education is necessary for women to prevent unwanted pregnancy, illegal child birth, prevent sex abuse and prevent sexual transmitted infection. Almost all women strongly agree that premarital sex should not be practice. Majority strongly disagreed that frequent child birth has affected the women health.

The Table 3 shows that most of the women use old cotton cloth material for their menstruation because of them could not afford money each time to buy the napkins. Most of them told they change the pad 2-3 times a day because of they feel discomfort prolong using the same pads. Most of them reported that they change the undergarments daily because of discomfort, uneasiness experienced during menstrual process. Most of the female patient has been taken bath daily to feel comfortable and to avoid body odors. Most of the women reported that they burn or bury the napkin because to avoid unhygienic practices. They believe that it should not be seen and handle by others. Many women reported that they were reused old cloth during menstruation because of the poor economic status and they don't want to spend money. According to Indian culture, for one male then should be one female partner only. So, most of the married couples has been practiced the single sex partner as per Indian tradition. Majority of them, wash their hand after defecation because they were aware of hygienic practices as well as the harmful effects of not washing the hands. Moreover they fear about getting any disease due to not washing the hands after defecation. Most of them reported that they remove the public hair and as to provide comfortable feel for them and avoid bad odour. Most of them reported they defeat in the toilet and pass urine in outside field even though they have toilet facilities in their house. Nearly, half of the patients told that they were dry their inner garments in the bathroom only because they feel shy to expose their inner garments to others. The table 4 shows that the attitude of the female patients regarding reproductive health shows that more than half of the patricians were had moderately favourable attitude towards reproductive health because they are concerned about their own health, practices and want to be comfortable living and does not want any unnecessary problems in their reproductive health.

The following study supports the present study results. Sharifa et al conducted study on knowledge, attitude and practice related to reproductive health among the female adolescents. The findings showed that more than two-thirds (66.3%) of the participants had inaccurate knowledge, while about one-third (33.7%) of them had correct knowledge regarding reproductive health. With respect to overall hygiene practices during menstruation, about 95.4% had correct menstruation hygiene practice, while only 4.6% had incorrect practices. The majority (88.3%) of students had positive attitudes regarding reproductive health, while only 11.7% had negative attitudes. Mothers are a vital source of information regarding reproductive health. Malleshappa et al conducted an interventional study on knowledge and attitude about reproductive health among rural adolescent girls in Kuppammandal. The study findings shows that in pre assessment before intervention female adolescents had unsatisfactory knowledge, inadequate hygiene practices, and positive attitudes toward reproductive health. There is a statistically significant relationship between the level of attitude on reproductive health and age (chi-square 9.23 & P value-12.59), education (chi-square 11.9 & P value -15.5), and type of family (chi-square 1.29 & P Value - 9.49) among women at 0.05 levels.

Delimitation of the study

This study was limited to Puducherry residents, participants age limit was between 15 to 49 years, sample size was limited to 500 female patients who were attended gynecological OPD women, limited to patients who were able to communicate freely in Tamil or English. The study results could not be generalized as only 500 women who live in Puducherry state.

Conclusion

The study findings show the female patient had satisfactory positive attitude and practice on reproductive health because the hospital located in rural area and most of the participants belongs to rural area. The health care providers need to educate on knowledge, attitude and practice on reproductive health to improve their health status and reproductive health.

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