

# Primary Health Care Practices Of Women In Keeranur Block, Pudukkottai District: A Survey

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## Abstract

The study focused on the awareness and knowledge of the reproductive health of rural women. The findings revealed that a moderate level of awareness and knowledge was found among the rural women. Age and type of family are associated with the awareness and knowledge of rural women. Poverty plays a major role in the lower level of knowledge among rural women along with other factors associated with it. The role of primary health centers is highly empathized for increasing the awareness and enhancing the knowledge among these rural women.

**Key Words:** Awareness, knowledge, Reproductive, Health, Rural, Women

## Introduction

Women play a vital role in society and are key agents for development. Especially, rural women play an important role in supporting families, and communities in achieving food, nutrition, income generation, and overall well-being. They contribute to agriculture and rural enterprises through which they support local and global economies. Rural women spend more time in household and agricultural work. There are fewer taken care of by the family as they play that role to take care of the family. Thus, women's health is always poor considering other members of the family. There are various factors associated with this like the traditional culture of taking food after all the family members, lack of financial resources due to dependency, multiple roles in the family as well as work, etc. which contribute to the poor health of women (UN Women, 2009).

According to WHO (2021), more than 800 women are dying every day in the course of

pregnancy and childbirth and women are facing more and more health challenges after Covid-19. Thus, women's health is a serious concern in society that must be addressed immediately and rapidly. While addressing the health aspects of women, reproductive and sexual health becomes primary for women as it is a delicate and complex system in their body. It has to be protected from injuries and infections to protect them and their loved ones. In addressing this, a very important aspect to be considered is the awareness and knowledge about reproductive health among women. As rural women are facing a considerable amount of health problems due to poverty and other associated problems, it is essential to make them understand the health concerns related to reproductive and sexual health.

According to a study report, most rural women did not receive any health care during their pregnancy as they thought it is unnecessary for them (IIPS, 1995). From this, it can be

understood that the women lack adequate knowledge of the reproductive health-related aspects, and thus there is a need to undertake a study to explore it and address the same.

### Review of Literature

The maternal mortality rate was found to be 230 per 1, 00,000 live births. Out of which only 31 percent of them have died in hospital and 64 percent of the cases were not referred. The main reason found for non-referral was found to be a lack of knowledge and ignorance. A lack of clear understanding of reproductive health was found among the women (Kumar R et.al, 1995). The knowledge of reproductive health related to family planning, care during pregnancy, motherhood, newborn care, and birth space was found to be more among urban women when compared to rural women. The main source of information on reproductive health was from the family members (Haque M, et.al, 2015). Rural women face the problems like less education, early marriage, low salary, more children, more responsibilities, fewer opportunities for occupation, etc which are associated with poverty and traditional roles. Rural women also have low preventive care regarding their reproductive health and hygiene (Bushy, A, 1998). The study revealed that more than half of the respondents (53 percent) were found to have a lower level of knowledge of reproductive health. Lower education, lack of information from medical staff, lack of use of the internet, etc are found to be the factors associated with a lower level of reproductive health (Chen, M.,2020). The reproductive health score was found to be high among younger women groups those who are exposed to media, and those who

have a higher level of education. The economically poor women had a lower level of reproductive health knowledge (Patra S, Unisa S, 2021).

### Primary health care addressed the physical, mental, and social well-being throughout the lifestyle of the person.

### Objectives

1. To study the demographic profile of the respondents.
2. To know the respondents' opinions towards reproductive health.
3. To assess the level of knowledge on reproductive health.
4. To understand the respondents' attitude towards reproductive health.
5. To find out the association between knowledge and attitude towards reproductive health.

### Methodology

The descriptive design is adopted in the present study. The universe of the study is the Women in Keeranur Block, Pudukkottai District. As it is practically difficult to assess the population, a sample frame was selected from the list of beneficiaries from the block office. Based on the list, a random sample of 100 respondents was selected and data were collected from them through interviews. An interview schedule was used to collect the data which consists of three sections namely demographic profile; opinion and attitude towards reproductive health and knowledge towards reproductive health. The data was analyzed using simple percentages and chi-square.

**Table -1: Demographic Variables**

Variables	Particulars	No. of Respondents	Percentage
Age	Below 20	22	22.0
	21-35	36	36.0

	36-45	24	24.0
	Above 45	18	18.0
Marital Status	Unmarried	31	31.0
	Married	54	54.0
	Widow	12	12.0
	Separated	3	3.0
Family Type	Nuclear	60	60.0
	Joint	40	40.0
Occupation	Homemaker	22	22.0
	Agriculture work	68	68.0
	Self-employment	10	10.0

The above table depicts, that 36 percent of the respondents belong to the age group between 21-35 years, 54 percent of the respondents are married, 60 percent of the respondents are

residing in a nuclear family and 68 percent of the respondents are engaged in agricultural works.

**Table -2: Opinion towards Reproductive Health**

Variables	No. of Resp.	Percentage
Healthy sex life	24	24.0
Health and hygiene of reproductive organs	48	48.0
Protection from sexually transmitted infections	7	7.0
Regulation of fertility	2	2.0
Problems related to sexual/reproductive health	19	19.0

The above table depicts the opinion of the respondents toward reproductive health. It reveals that (24 percent) of them have opined that reproductive health means healthy sex life, 48 percent of them have opined that it is health and hygiene related to reproductive organs, and

7 percent of them have opined that it is the protection from sexually transmitted infections, 2 percent of them have opined that it regulation of fertility and 19 percent of them have opined that it is problems related to sexual and reproductive health.

**Table -3: Attitude towards Reproductive Health**

Attitude	No. of Respondents	Percentage
Positive	32	32.0
Neutral	44	44.0
Negative	24	24.0

The above table reveals the attitude of the respondents towards reproductive health. The table shows that 32 percent of them are having a

positive attitude toward reproductive health, 44 percent of them are having neutral health and 24 percent of them are having negative health.

**Table -4: Level of Knowledge in Reproductive Health**

Variable	Particulars	No. of respondents	Percentage
Pregnancy	Just after menstruation	39	39.0
	During menstruation	27	27.0
	Two weeks before the menstruation	23	23.0
	At any time	7	7.0
	I have no idea	4	4.0
Pregnancy age	Before the age of 20 years	27	27.0
	Between 20to34 years	53	53.0
	35 and above	10	10.0
	No idea	10	10.0
Heard about HIV/AIDS	Heard	77	77.0
	Not heard	23	23.0
Contraceptive methods	Condom	13	13.0
	Pill	41	41.0
	Injection	22	22.0
	Withdrawal	12	12.0
	Safe period	12	12.0
Overall Knowledge	Good knowledge	43	43.0
	Moderate Knowledge	52	52.0
	Poor knowledge	55	55.0

The table shows that 39 percent of them have stated that pregnancy starts just after menstruation, 27 percent of them have stated that pregnancy starts during menstruation, 23 percent of them have stated that pregnancy starts two weeks before menstruation, 7 percent of them have stated that it happens at any time and 4 percent of the have no idea about pregnancy. The above table also reveals that 27 percent of them stated that the healthy age for pregnancy is before the age of 20 years, 53 percent of them have stated it to be between 20 to 40 years, 10 percent of them have stated it to be above 35

years and 10 percent of them have no idea about the reproductive health. Of the total respondents, 77 percent of them have heard about HIV/AIDS and 23 percent of them have not heard about HIV/AIDS. Of the total respondents, 13 percent of aware of condoms, 41 percent of them are aware of pills, 22 percent of them are aware of injections, 12 percent of them are aware of withdrawal and 12 percent of them are aware of the safe period. The overall level of knowledge reveals that 55 percent of them are having poor knowledge of reproductive health, 52 percent of them are having a moderate level of knowledge

and 43 percent of them have good knowledge of reproductive health.

**Table -5: Association between Demographic and Awareness, Knowledge and Attitude**

Variables	Test	Result
Marital Status Vs Knowledge	Chi-square=2.273 (P>0.05)	Not Significant
Time of family Vs Age of Healthy Pregnancy	Chi-square= 6.001 (p>0.05)	Not Significant
Type of Family Vs Knowledge of HIV/AIDS	Chi-square= 1.477 (p>0.05)	Not Significant
Age Vs Attitude towards reproductive health	Chi-square= 13.712 (p>0.05)	Significant
Type of family Vs Attitude towards reproductive health	Chi-Square = 6.784 (p<0.05)	Significant

The above table reveals the association between demographic and dependent variables namely knowledge and attitude. The chi-square value (Chi=2.273;  $p>0.05$ ) reveals that there is no significant association found between marital status and the level of knowledge of the respondents. The chi-square value (Chi=6.001;  $p>0.05$ ) reveals that there is no significant association found between the type of family and age of healthy pregnancy. The chi-square value (Chi=1.477;  $p>0.05$ ) reveals that there is no significant association found between age and attitude towards reproductive health. The chi-square value (Chi=13.712;  $p<0.05$ ) reveals that there is a significant association found between age and attitude towards reproductive health. The chi-square value (Chi=6.784;  $p<0.05$ ) reveals that there is a significant association found between the type of family and attitude towards reproductive health.

### Findings and Discussion

The majority had a poor opinion towards reproductive health and their attitude towards reproductive health was found to be neutral. The majority of them have a good knowledge of reproductive health which includes pregnancy, health pregnancy age, HIV/AIDS, contraceptive methods, etc. The lack of awareness about the same is one of the main reasons behind the poor awareness of reproductive health. This is also

because of the traditional restrictions imposed in the community to talk and know about the same. The findings are supported by Monoarul Haque et.al (2015) whose study found a poor knowledge of reproductive health among rural women. el-Maaddawi Y (1992) found that a favorable attitude was found among the respondents towards reproductive health.

Age and type of family have a significant influence on the attitude towards reproductive health. The results revealed that those respondents whose age was between 21-35 had better knowledge and attitude compared to other age groups. The scope of knowing and talking much about reproductive health is high among these age groups and also the present social media helps the younger groups to know more than other groups. The finding is supported by Zakaria M et.al (2020) the finding reveals that younger have are aware and have more knowledge about reproductive health. The finding also reveals that nuclear family respondents have more awareness and knowledge of reproductive health. Some of the steps recommended to improve the knowledge of reproductive health are suggested like life skill education must be provided to the women to enhance their well-being, reproductive health education must be made compulsory at the community level through primary health care centers, and sexual counselling must be promoted to have healthy sex, village level

trainers may be appointed to increase the awareness about the reproductive health and communities can be motivated to improve the awareness level of reproductive health among the community women.

## Conclusion

The study concludes that there is a moderate level of awareness and knowledge about reproductive health among rural women. There are numerous factors are associated with this level of awareness and knowledge. The level of awareness and knowledge must be enhanced through the primary health care centers situated in rural areas. Future studies may be focused on the factor responsible for the awareness and knowledge of reproductive health among women.

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