

# **Reproductive Health: A Study of Awareness among Scheduled Caste Women of Silchar town in Assam**

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## **Abstract**

Awareness about reproductive health should be an integral part of learning process beginning in childhood and continuing into adult life of a woman. Education and awareness of reproductive health in women affects their health status, fertility and sets stage for health beyond reproductive years and affects the health of next generation. Reproductive Health covers a wide range of issues like pregnancy; Contraception and Family Planning; Sexually Transmitted Diseases Prevention. Hence an attempt was made to assess the level of awareness among scheduled caste women regarding reproductive health.

The objectives of the study were to understand the reproductive health status among scheduled caste women. To know awareness level of reproductive health among scheduled caste women of Silchar town in Assam. The study was conducted in Silchar town of Cachar District in Assam. A sample of 150 women was collected. In collecting data the simple random sampling was used. The data was based on both primary and secondary sources. The primary data was collected through field study based on interview scheduled and group discussion. The secondary data was collected from books, journals, newspapers, articles, reports, etc.

*Keywords- Reproductive health, Education, Scheduled caste, Women*

## **Introduction:**

The term "Reproductive Health" was introduced in the late 1980s as an alternative to the population control approach to reproduction and women's health that developed in the 1960s and 1970s. In 1994, delegates from 179 member States of the United Nations gathered in Cairo, Egypt for the International Conference on Population and Development (ICPD), addressing the relationship between population and development and in keeping with this new focus on reproductive health, the conference focused on the needs of people as opposed to setting demographic targets. During the 1960s, United Nations Fund for Population Activities (UNFPA), established with a mandate to raise

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awareness about population “problems” and to support developing countries in Reproductive Health. In 1972, World Health Organization (WHO) established the Special Program of Research, Development and Research Training in Human Reproduction (HRP), whose mandate was to focus on research into the development of new and improved methods of fertility regulation and issues of safety and usefulness of existing methods. Modern contraceptive methods were seen as reliable, independent of people’s ability to practice restraint, and more effective than withdrawal, condoms or periodic abstinence. Population policies became widespread in developing countries during the 1970s and 1980s and were supported by UN (United Nation) Reproductive Health agencies and a variety of NGOs. In 1987 the World Bank, in collaboration with WHO and UNFPA, sponsored a conference on safe motherhood in Nairobi, Kenya to help raise global awareness about the impact of maternal mortality and morbidity. The conference launched the Safe Motherhood Initiative (SMI), which issued an international call to action to reduce maternal mortality and morbidity by one half by the year 2000. The 1994 ICPD has been marked as the key event in the history of reproductive health.

Education about reproductive health should be an integral part of learning process beginning in childhood and continuing into adult life. Education and awareness of reproductive health in women affects their health status, fertility and sets stage for health beyond reproductive years and affects the health of next generation. Reproductive Health covers a wide range of issues like pregnancy; Contraception and Family Planning; Sexually Transmitted Diseases Prevention.

Educational opportunities for women powerfully affect their status and the control they have over their own lives and their health and fertility. The empowerment of women is therefore as essential for their health .There are various study conducted to assess the knowledge level of women towards reproductive health and awareness. Inadequate knowledge about reproductive health results in early pregnancy, increased risk of STD infections, maternal morbidity and mortality and unsafe abortions.

Elo, T I (1992) explored the hypothesis that formal education of women influences the maternal healthcare services in Peru, net of mother’s childhood place of residence, household socio-economic status and access to health care services. The findings confirmed the importance of maternal education on the utilization of both prenatal care and delivery assistance. Tawiah, E.O (1997) has examined the relationship between selected variables and current use of contraception. Respondent’s approval of family planning, discussion of family planning with partner and level of education emerge as the most important explanatory variables. The findings showed that relatively low fertility of women

with higher education is largely attributed to a high level of contraception use. Govindasamy, P and Ramesh, B M (1997) using data from NFHS 1992-93 examined the relationship between maternal education and factors known to reduce the risk of maternal and child mortality. It is evident from the findings that a higher level of maternal education results in improved child survival. Pessoa, S. B (2001) studied pregnant women's knowledge about general healthcare of newborns including breastfeeding aspects. The result showed that only a few of the pregnant women had received any information on newborn healthcare. Pregnant women's knowledge of newborn is low. So the author suggested promotion of educative programs among the pregnant women. Saleen, S and Bobak, M (2005) has proposed that autonomy of women is one of the mechanisms of how education influences contraception use in developing countries. The findings showed contraceptive use was strongly associated with women's education.

It has been revealed through many studies that diseases can occur by lack of awareness and myths. Hence, there is need for creating awareness about reproductive health among the vulnerable groups. The present study was thus undertaken with the objective to the study reproductive health awareness among scheduled caste women of Silchar town in Assam.

### **Materials and Methods**

The study was conducted among the scheduled caste women in the ward no 26 of Silchar town area of Cachar District in Assam. Silchar is located in the southern part of Assam. The total population of this ward is 3208, out of which 1600 are males and 1608 are females. Among total female population 1336 are Scheduled Caste females. Within this 1336 female 781 are under the age group of 20-45 (Department of Economics and Statistics, Assam, 2011) and out of which 150 women were selected as sample of the study by using simple random sampling. The objectives of the study were - i) to understand the reproductive health status among scheduled caste women and ii) to know awareness level of reproductive health among scheduled caste women of Silchar town in Assam. The study was conducted in Silchar town of Cachar District in Assam. The data was based on both primary and secondary sources. The primary data was collected through field study based on interview schedule and group discussion. The secondary data was collected from books, journals, newspapers, reports, articles, etc.

### **Socio-economic profile of the respondents:**

Age-group of the respondents: 31% of the respondents belonged to the age-group of 15-24; 54% of the respondents belonged to the age-group of 25-34 and 15% of the respondents belonged to the age-group of 35-44.

Education qualification of the respondents: Almost 46% of the respondents were educated up to graduate level, 30% were found to be educated up to higher secondary level and 17% were qualified to high school level. Only a few (5%) were educated to primary level and 2% were found to be illiterate.

Education qualification of the respondent's husbands: 47% of the respondent's husbands were found to be qualified up to graduate level, 35% educated up to higher secondary level, 14% found to be educated up to high school level, only 3% educated up to primary level and rest 1% found to be illiterate.

Occupation of the respondents: 37% of the respondents were being engaged in services among them 11% were engaged in government services while 26% were engaged in private sector jobs. The rest 60% of the respondents were housewives and 3% skilled workers.

Occupation of the respondent's husband: 83% were found to be engaged in services, among them 64% engaged in government jobs and 19% engaged in private sector jobs, 15% were engaged in business and rest 2% were unemployed.

Monthly household income of the respondents: Almost 70% of the respondents had household income of more than 5,001; 20% of them had income within 4,001-5,000; 7% had household income within 3,001-4,000; 2% had household income within 2,001-3000 and a few (1%) had household income within 1,001-2,000.

Other socio-economic profiles: 100% of the respondents belonged to Scheduled Caste and belief Hinduism. 100% of the respondents lived in the *pucca* house. In every house there was electricity facility. The main source of drinking water was supply water. Most of the houses had their own supply water connection only a few did not have water facility available at their homes. So, they collect water from a common municipal connection.

Reproductive health: The most important period in the life span of women is the reproductive period, which extends from menarche to menopause; the intervening periods are marriage, pregnancy, childbirth and contraception. However, these conditions are determined by socio-economic and cultural factors and available health care facilities. Reproductive health problems are the leading causes of women's ill health and death worldwide.

Table 1: Age at menarche

Age at menarche	Frequency	Percentage (%)
10-12	50	33.3
13-15	81	54
16-18	19	12.7
Total	150	100

Source: field survey

The above table 1 shows the age at menarche of the respondents. It shows that majority of the respondent's age at menarche was under the age group of 13-15 (81%) and under 10-12 was 50% and rest of the respondent's age at menarche was 16-18 (19%).

Data showed that most (68%) of the respondents were suffering some problems related to menstruation, while remaining less than one-third (32%) of the respondents were not suffering.

Table 2: Problems faced by the respondents during menstruation

Problems in menstruation	Frequency n=102	Percentage (%)
Scanty bleeding	5	4.9(100)
Excessive bleeding	6	5.9(100)
Painful periods	9	8.8(100)
Irregular	11	10.8(100)
Pain in lower abdomen	31	30.4(100)
Back pain	77	75.5(100)

Source: Field survey

The above table 2 reveals that 68% of respondents had experienced one or more problems during menstruation, whereas back pain during menstruation emerges to be the most common problem reported by the respondents that was 75.5%. Lower abdominal pain was another major problem during menstruation which 30.4% of the respondents had reported. The other problems that were significant among the respondents during menstruation were irregular (10.8%) where menstruation discontinued for a month or two as the respondents reported; painful periods (8.8%) where respondents experienced unbearable pain in the whole abdomen; excessive bleeding (5.9%) whereas respondents experienced heavy blood flows for several days and sometime it occurs twice in a single month which was not normal and scanty bleeding (4.9%), where bleeding was

not for sufficient days and most of them believed it due to insufficient blood in the body.

Table 3: Knowledge regarding Pregnancy and Contraception

Total respondents (150)	Knowledge regarding pregnancy			Heard about contraception or family planning method		
	Fertile period	Right age of child bearing	Pregnancy prevention	Yes	No	No response
Frequency(150)	29	118	95	134	10	6
Percentage (%)	19.3	78.7	63.3	89.3	06	04

Source: field survey

Data from above table 3 reveals that majority (78.7%) of the respondents knew about the right age of child bearing whereas 63.3% of the respondents had knowledge about pregnancy prevention. Only 19.3% had knowledge about fertile period. It was also found that 89.3% of the respondents had heard about family planning method while 06 percent had not heard about contraception.

Table 4: Knowledge about contraception and family planning method

Total respondents	Female sterilization	Male sterilization	IUD	Tablets	Condom	At least two or more methods
Frequency (150)	61	22	2	122	105	139
Percentage (%)	40.7	14.7	02	82	70	93

Source: field survey

The above table 4 shows that 93% of the respondents had knowledge about at least two or more methods. 82% of the respondents knew about pregnancy prevention pills while 70% of them knew about the usage of condoms. 40.7% of the respondents were aware about female sterilization method whereas 14.7% knew about male sterilization method and 2% had knowledge about Intra Uterine Device (IUD).

Table 5: Awareness about HIV/AIDS and RTI's/STD's

Parameters	Remarks	Frequency	Percentage (%)
Awareness about HIV/AIDS	Yes	113	75.3
	No	37	24.7
Awareness about RTI's/STD's	Yes	57	38
	No	93	62

Source: field survey

Data from table 5 reveals that majority (75.3%) of the respondents were conscious about the HIV/AIDS while rest 24.7% were not aware about HIV/AIDS. It was also found that 62% of the respondents were not aware about RTIs and STDs, while 38% of them were aware about RTIs and STDs. Though it was found that 46% of the respondents were educated up to graduate level but still more than 62% of the respondents were unaware about RTIs and STDs. This showed a kind of negligence towards their health conditions.

Table 6: Awareness regarding Reproductive Health Programme

Awareness regarding Reproductive Health Programme	Frequency	Percentage (%)
NRHM	137	91.3
JSY	113	75.3
RCII	05	3.3

Source: Field study

The above table 6 reveals that almost all (91.3%) of the respondents were aware about the NRHM; 75.3% were aware about the Janani Suraksha Yojana (JSY). But there were only a few (3.3%) of the respondents who were aware about the Reproductive and Child Health (RCH) programme. Here, the awareness about National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY) were found to be high with the knowledge regarding benefits covered under the schemes such as delivery care, cash incentives for institutional deliveries and free of cost institutional deliveries in the area.

**Conclusion:**

On the basis of above discussions and observations, it was found that knowledge of sex and reproduction was limited among the girls. There is a need of health education through interpersonal communication, television, health camps and specialist. Mobiles are very common among them. Broadcasting of health

messages would be effective through mobiles. Reproductive health problems should be discussed among women of this backward caste by organizing health clubs to solve their reproductive health problems through counseling with the help of specialist on time to time. Women should be empowered educationally and economically so that they can take decision for their own betterment.

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