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A Study On Reproductive Health

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Abstract

Introduction: Reproductive health is an essential aspect of human well-being that includes the rights, choices, and intended results related to reproduction.

Aim: The main objective of the study is to study the reproductive health status and to find out the awareness of reproductive health among the individuals.

Methods: The study was done in Bedangpaju village of Kandhamal district. Cross-sectional study of village women's reproductive health. The data was collected among **162 married women**. Using random sampling, data were collected. Reproductive health was assessed using a questionnaire. Surveys collected data. MS Excel means and percentage functions performed statistical analysis.

Results: A study in Bedangpaju village, Kandhamal district, found that **premature childbirth** is common, with factors like self-interest and family pressure contributing. Traditional therapeutic approaches are preferred, and 82 individuals showed an increasing older population, emphasizing the need for customized healthcare services.

Conclusion: The study on reproductive health in Bedangpaju village highlights challenges, traditional methods, and need for inclusive education. It emphasizes the importance of consistent menstrual cycles, nutritious diets, and targeted interventions.

Keywords: Reproductive health, Pregnancy, miscarriage, Menstrual, Menopause

Introduction

The physical, emotional, and social well-being of the reproductive system is crucial for human welfare. According to the World Health Organization (WHO), reproductive rights encompass the capacity to reproduce, freedom in making reproductive choices, and achieving desired outcomes without prejudice or coercion (WHO, 2006). Physiological, social, and psychological variables are interrelated and vital for individuals and society in this comprehensive concept.

Reproductive health has garnered attention from various sectors due to its significant influence on public health, gender equality, and human rights. Family planning, maternal care, STI prevention, safe abortion, and infertility treatment are essential components for achieving optimal global health (UNFPA, 2020). In order to achieve lasting transformations, it is imperative that we tackle the social, economic, and cultural dimensions.

The objective of this dissertation is to critically examine the existing body of literature on reproductive health, encompassing both its challenges and potential approaches. It aims to enhance individual, community, and policy outcomes by integrating up-to-date research and perspectives. Key concerns include access to

contraception, maternal health, control of sexually transmitted infections (STIs), and reproductive rights. Present an overview of advancements and challenges in the field of reproductive health.

Reproductive health outcomes exhibit significant variation because to disparities in healthcare access, financial status, education, cultural norms, and regulatory frameworks (WHO, 2021). Maternal mortality, adolescent birth rates, contraceptive prevalence, antenatal care coverage, and STI rates are used as indicators to measure reproductive health and track progress towards global targets, as stated by the World Health Organization in 2020. Notwithstanding progress, low- and middle-income countries still face substantial maternal death rates, high prevalence of adolescent pregnancies, and unfulfilled family planning needs. Targeted treatments are necessary to address the elevated rates of sexually transmitted infections (STIs) among vulnerable populations.

Reproductive health concerns must be approached from biological, social, and rights-based perspectives, with a focus on equity, rights, and empowerment. This comprehensive analysis provides valuable insights for the development of global policies and initiatives aimed at improving reproductive well-being. The main objective of the study is to study the reproductive health status and to find out the awareness of reproductive health among the individuals.

Methods

The study was carried out in Bedangpaju village of Kandhamal District. It was a cross-sectional study to determine the village's women reproductive health status. A total of 162 people from the village participated in the data collection. Data were gathered using a random sample technique. The data was collected through the questionnaire method to determine the reproductive health status of the studied individuals. The data was also gathered via a survey method. The individuals were picked at random. Statistical analysis was done using the mean and percentage procedures in MS Excel.

Results

The study on reproductive health was carried out in Bedangpaju village of Kandhamal district. Total number of 162 individuals at the reproductive age were selected randomly for the study. There were 162 individuals were taken for the study, consisting of 82 females and 80 males. The percentage of SC population is subsequently lower than that of ST population. However, the percentage of females are higher than that of males. the percentage of individuals belonging to 46 or more are higher in number followed by the age group between 20-25 years. The older females were also targeted to determine the status of menopause and the different traditional reproductive practices and challenges associated with those. The percentage of literate is higher than that of illiterates and 35.8% of the studied individuals have completed their higher secondary education. The average income of the studied individual is 18,536RS.

Table1: Socio- Demographic Table

No. of individuals (n=162)		%
Gender		
Female	82	50.6
Male	80	49.4
Age (in years)		
≤19	1	0.6
20-25	29	17.9
26-30	21	12.9
31-35	18	11.3
36-40	10	6.1
41-45	17	10.4
≥46	66	40.7
occupational status		
Farmer	124	76.5
Labourer	24	14.8
Service	12	7.4
Others (driver)	2	1.3
Annual income		

≤10,000	40	24.6
11,000-20,000	86	53
21,000-30,000	30	18.7
31,000-40,000	2	1.2
≥41,000	4	2.5
Caste		
ST	126	77.7
SC	36	22.3
Marital status		
Married	160	98.7
Widowed	2	1.3
Types of marriage		
Love	61	37.6
Arrange	101	62.4

According to the educational status table 2, the percentage of individuals in Bedangpaju village who have completed secondary education (class 6th-10th) is 35.8%, which is the highest among all categories. 15.4% of individuals have completed primary school (class 1st-5th), whereas 13.5% have attained the intermediate level. Merely 3.7% possess college degrees, while a mere 2.4% hold alternative qualifications such as diplomas, ITI certifications, or MBAs. Significantly, a notable 29% of the population still lacks literacy skills, indicating the presence of severe educational obstacles.

Table 2: Literacy rate

Educational status	no.	%
Primary (class 1st-5th)	25	15.4
Secondary (class 6th -10th)	58	35.8
Intermediate	22	13.5
Undergraduate	6	3.7
Others (diploma, ITI, MBA)	4	2.4
Illiterate	47	29

The table 3 displays the distribution of ages at marriage among a total of 162 persons in Bedangpaju village. 68.5% of individuals got married at or before the age of 20. Marriages occurring between the ages of 20 and 30 make up 30.8% of the total, whereas a minuscule 0.6% of marriages took place at the age of 35 or above. This data suggests a widespread pattern of early weddings in the hamlet, with almost every person getting married before the age of 30.

Table 3: Age at marriage

Age at marriage (in years)	Frequency (n=162)	%
≤ 20	111	68.5
20-30	50	30.8
≥35	1	0.6

The table4 displays the duration between marriage and the birth of the first child for a total of 82 persons. The most prevalent frequency occurs at 1 year (43.9%), followed by 2 years (19.5%) and 5 or more years (14.8%), suggesting a concentration of delivery during the initial years of marriage.

Table 4: Year gap between marriage and having first child

Time period (in years)	Frequency (n=82)	%
<1	5	6
1	36	43.9
2	16	19.5
3	6	7.3
4	7	8.5
≥5	12	14.8

The data from the table reveals that an astonishing 91.46% of early childbirths in Bedangpaju hamlet took place without any indicated cause. Family pressure was responsible for only 8.54% of early childbirths. These findings indicate that family coercion does not have a significant impact on the majority of early pregnancies. Instead, other variables such as cultural norms or lack of education may have a more prominent role, which the respondents did not explicitly mention.

Table 5: Reason for early child birth

Reason for early child birth	Frequency (n=82)	%
No reason	75	91.46
Family pressure	7	8.54

Table 6 displays the percentage of individuals who are aware of the consequences of early marriage are subsequently lower 27.7% than who are unaware of this. Despite of higher literate percent 72.3% the individuals are not aware of reproductive health. This shows a seriousness of the issue.

Table 6: Awareness towards reproductive health and early marriage

Status of awareness	Frequency (n=162)	%
Aware	45	27.7
Not aware	117	72.3

The table 7 presents the distribution of birthing procedures among a total of 82 instances. The majority of deliveries, accounting for 78.1%, were normal vaginal deliveries, showing a preference or common occurrence among the group investigated. In contrast, caesarean delivery comprises 21.9% of cases, indicating a significant albeit less often employed option. This highlights the importance of guaranteeing access to both approaches while prioritizing secure and advantageous birth results for both moms and infants.

Table 7: percentage wise distribution of parturition type

Type of parturition	Frequency (n=82)	%
Normal vaginal delivery	64	78.1
Caesarean delivery	18	21.9

The table 8 illustrates the frequency of miscarriages in a sample of 82 cases. 89.1% of the participants reported no occurrences of miscarriage. In contrast, 10.9% of participants reported having only one miscarriage, and there were no instances of multiple losses (more than one). This emphasizes the common occurrence of persons who have not previously had a miscarriage and emphasizes the emotional and physical importance of those who have gone through the loss of a pregnancy, need extra assistance and attention.

Table 8: status of miscarriages

Status of miscarriages	Frequency(n=82)	%
0	73	89.1
1	9	10.9
>1	0	0

Out of the 66 persons that were surveyed, 24.2% stated that they use medication, with the majority (87.5%) using ethno-medicine. The significant dependence on ethno-medicine indicates a predilection for traditional therapeutic approaches, potentially shaped by cultural customs or beliefs regarding efficacy. The lack of both allopathic and alternative treatments suggests that this subgroup has limited usage of conventional healthcare choices. Gaining insight into these patterns is essential for delivering culturally proficient medical care and customized therapies.

Table 9: status of medications during pregnancy

Whether taken medication	Frequency (n=66)	%
Yes	16	24.2
No	50	75.8
Types of medications taken	Frequency (n=16)	%
Ethno-medicine	14	87.5
Allopathic	02	12.5
Others (ayurvedic etc)	0	0

The table 10 displays the reproductive health status of 82 individuals, with 42.7% currently menstruation and 57.3% having reached menopause. The prevalence of menopausal status suggests an increasing population of older individuals, in line with worldwide demographic patterns. The existence of menstruation persons emphasizes a specific subset of people who are still in their reproductive age and hence require specialist medical attention. This highlights the significance of customized healthcare services to cater to the varied requirements of individuals at various reproductive stages.

Table 10: Reproductive status of studied population

Status of reproductive health	Frequency (n=82)	%
Menstruating	35	42.7
Menopause	47	57.3

The table 11 presents data on the menstrual status of 82 individuals, with 89.1% reporting regular menstrual cycles and 10.9% experiencing irregular menstruation. The high occurrence of regular cycles indicates that most individuals have stable patterns, which is a sign of a well-functioning reproductive system. On the other hand, the existence of irregular menstruation indicates a specific group of people who are experiencing disturbances in their menstrual cycles. This requires additional evaluation and assistance to identify the root causes and enhance their reproductive health and overall well-being.

Table 11: Status of menstruation among the studied women

Status of menstruation	Frequency (n=82)	%
Regular	73	89.1
Irregular	9	10.9

The table 12 displays the length of menstrual irregularity among a specific group of 9 instances. Out of these, 33.3% encountered irregularity for a duration of one year, 22.2% for two years, and 44.5% for three years. There were no known cases of irregularity that lasted for more than three years. The distribution of durations for monthly irregularities indicates a variety of time frames, emphasizing the importance of customized interventions that take into account individual circumstances and the specific lengths of irregularity.

Table 12: Time period of menstrual irregularity since menarche

Time period since menstrual irregularity (in years)	Frequency (n=9)	%
≤1	3	33.3
2	2	22.2
3	4	44.5
>3	0	0

The table 13 displays the current condition of menstrual hygiene among 82 participants. 73.1% of individuals utilize cloths for menstrual hygiene, whereas 26.9% opt for sanitary pads. None of the participants indicated the utilization of alternate approaches such as menstruation cups. This emphasizes a notable dependence on conventional fabric techniques, indicating possible deficiencies in the availability or knowledge of contemporary hygienic items.

Table 13: Types of hygiene and sanitation maintained during menstrual periods

Status of sanitation during periods	Frequency (n=82)	%
Use of sanitary pads	22	26.9
Clothes	60	73.1
Others (menstrual cups etc)	0	0

The table 14 contrasts highly prescribed foods with those to be avoided. Recommended are pulses, fresh green vegetables, vitamin C-rich foods, and protein sources like eggs, fish, and meat. In contrast, sour foods, excess caffeine, certain fruits like jackfruit, and harmful substances like alcohol, tobacco, and smoking are to be avoided.

To maintain healthy blood count

Anaemia is characterized by low blood count. Several health complications increase the risk of blood loss during pregnancy. Different foods are eaten by the examined persons to preserve blood balance. Millets, jaggery, salmon, animal meat, pulses, and soya are recommended to reduce anaemia or blood loss during pregnancy. Vitamin C is prevalent throughout pregnancy. Traditional remedies include lemon, orange, tomato, and guava, amla.

Table 14: Prescribed and not prescribed food items during pregnancy

Foods that are highly prescribed	Avoided Foods
Pulses	Sour foods
Fresh green vegetables	Excess caffeine rich foods
Vitamin C rich foods	Certain fruits (jackfruits)
Egg, fish, meat etc	Alcohol, tobacco, smoking

Rituals performed during pregnancy

The umbilical cord is cut clamped and cut within 5-6 days after child birth. This is often kept carefully in the home. People believe this as a sign of good luck for the new born and the family.

The new born and mother remain isolated for first 12 days after child birth. They believe this can prevent them from evil spirits and disease transmission. After 12 days the mother and new born take bath. This ritual is often called as **Bararatri**.

At 21day of child birth the family members celebrate a grand ceremony, where the new born wears new dress and the family members with a priest or a knowledgeable person of their community register the spirit of child has taken rebirth from one of their forefathers. On the name of the ancestor the carefully kept umbilical cord is incubated with alcohol, by doing so they believe that the alcohol is accepted by their forefathers. Further the umbilical cord is earthed in the soil at front door of the house. After performing this ritual, the family members merry-make by giving feast to their community members.

Discussions

It is impossible to exaggerate the significance of reproductive health, which encompasses a wide variety of topics such as menstruation, pregnancy, and childbirth, in terms of the impact it has on the overall well-being of individuals and societies. The research that was conducted in Bedangpaju Village, which is located in the Kandhamal District, offers valuable insights into a variety of major discoveries and customs pertaining to reproductive health, traditional ceremonies, and dietary patterns. By combining relevant research and providing suggestions for healthcare interventions and policy consequences, the purpose of this discussion is to go into and investigate the findings.

An Overview to Reproductive Health:

According to the findings of the study, there is a diverse population of people in the village who are going through menstruation and menopause, which indicates that there is a wide range of reproductive health experiences that people have. In the majority of the participants, the regularity of menstruation, which is an essential indicator of reproductive health, was noted. Previous studies have highlighted the significance of regular menstrual cycles as an indicator of hormonal homeostasis and overall well-being (Barton, 2018). This conclusion is in line with other findings, reflecting the importance of menstrual cycles. Nevertheless, the fact that there are people who have cycles that are not regular draws attention to the fact that there is a need for greater research into possible underlying reasons, such as hormone abnormalities or lifestyle problems.

The high prevalence of menopausal persons is a sign that the population is getting older, which is in line with the prevalent trends of population aging that are observed all over the world (World Health Organization, 2015). When it comes to healthcare, it is of the utmost importance to give priority to interventions that are specifically developed to fulfil the specific requirements of women. These interventions include a variety of measures, such as hormone therapy and alterations to lifestyle, both of which play an important part in guaranteeing the general health and well-being of the individuals involved (Santoro et al., 2016).

An Investigation of the Traditional Methods of Reproduction:

As a result of the research, the significance of traditional reproductive practices within the community was brought to light. This was evidenced by the employment of ethno-medicine for therapeutic purposes and the preference for traditional clothes over modern menstrual hygiene products. The findings of this study are in line with those of previous studies (Grzywacz et al., 2015) that highlight the value of traditional healing techniques in indigenous communities for the purpose of preserving health and well-being.

In spite of this, the lack of variation in sanitation methods underscores the significance of comprehensive education regarding reproductive health as well as the availability of modern menstrual hygiene products. According to Girma et al. (2019), incorporating traditional approaches with contemporary healthcare strategies has the potential to improve health outcomes and enable individuals to make well-informed decisions regarding their reproductive health.

Understanding the Significance of Having a Healthy Reproductive System:

According to the findings of the study, the participants exhibited a substantial level of awareness regarding reproductive health. This finding highlights the relevance of improving access to education and healthcare services in order to build health literacy. Nevertheless, the prevalence of persons who are not well-informed underscores the importance for particular educational interventions to bridge knowledge gaps and empower individuals to take an active role in their reproductive health care (Cebeci & Savaşer, 2010).

Support and Preparation for Women Who Are Expecting or Already Have Children:

There is a positive tendency towards realizing the value of maternal and child well-being, as evidenced by the fact that a large proportion of respondents mentioned having knowledge about pre-natal and post-natal care. It is of the utmost importance to make a deliberate effort to reach persons who may have limited understanding in order to guarantee that all individuals have equal access to essential healthcare services and support during pregnancy and delivery (World Health Organization, 2020).

Comparing Different Dietary Options:

A variety of food options that are either encouraged or prohibited were highlighted in the study, with cultural views and health factors being taken into account whenever possible. Ensuring that the mother receives the appropriate food throughout her pregnancy is essential to the health of both the mother and the developing foetus. Extensive research has demonstrated the necessity of consuming a diet that is rich in vital nutrients such as vitamins, minerals, and protein (Black et al., 2013). This diet should emphasize the importance of keeping a well-rounded diet. In order to prioritize the health of both the mother and the developing baby, it is widely suggested by medical professionals that pregnant women refrain from ingesting alcohol, tobacco, and caffeine. This recommendation comes from the American College of Obstetricians and Gynaecologists (2021).

Maintaining a Healthy Blood Count During Pregnancy:

It is an expression of cultural beliefs and traditions that the customary behaviours that are linked with pregnancy, which include food patterns and ceremonial procedures such as umbilical cord rites, are observed. Despite the fact that these traditions have strong cultural roots, it is of the utmost importance to pay attention to the health and safety of both mothers and infants. It has been suggested by Yotebieng et al. (2016) that integrating cultural traditions with evidence-based healthcare practices has the potential to improve the health outcomes of both mothers and children, while simultaneously recognizing and embracing the diversity of cultural backgrounds.

Conclusion

The study carried out on reproductive health in Bedangpaju village in Kandhamal district offers significant knowledge regarding the difficulties and behaviours associated with reproductive health in the community. The results emphasize the significance of consistent menstrual cycles and the necessity for additional investigation into anomalies. The study highlights the importance of traditional methods of reproduction and the necessity for inclusive education and availability of contemporary menstrual hygiene products. The participants' level of awareness regarding reproductive health is commendable, nevertheless, there is a necessity for focused interventions to address the existing gaps in knowledge. The study highlights the crucial role of providing assistance and adequate preparation for pregnant women, as well as the importance of keeping a nutritious diet throughout pregnancy. In summary, the results enhance our comprehension of reproductive health within the community and offer valuable insights for healthcare interventions and policy consequences.

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