



“A STUDY TO ASSESS THE EFFECTIVENESS OF ‘REPRODUCTIVE HEALTH PROMOTING STRATEGIES’ ON PREVALENCE REGARDING REPRODUCTIVE MORBIDITIES AMONG WOMEN OF REPRODUCTIVE AGE GROUP IN SELECTED AREAS OF DISTRICT JALANDHAR, PUNJAB”

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Abstract:

Background of the study: The prevalence rate of Reproductive Tract infections among women of 15-45 years and men aged 20-54 years, is increasing very fast rate in India as compared to other developed countries.

Aims: Current study had been planned and to be conducted in rural areas of district Jalandhar in a view to evaluate the efficacy of validated health promoting strategies on the prevalence regarding reproductive morbidities among selected group of women.

Settings and Design: A quantitative research approach with nonequivalent pretest -posttest control group research design is used to assess the prevalence of reproductive morbidities among 88 women of aged 18-49 years who were selected through purposive sampling.

Methods and Material: Two sections of the tool divided in to socio demographic variables and structured reproductive morbidity checklist to assess the selected self reported reproductive morbidities among the participants.

Statistical analysis used: Mean, Standard deviations, Chi square test for homogeneity, Anova and t tests were applied to draw the results.

Results: : 52.3% of women were having high prevalence of reproductive morbidities in which highest was found in menstrual disorders(88.6%), followed by reproductive tract infection and UTI(36.4%) respectively. There was a reduction in the post intervention prevalence after the implementation of ‘Reproductive health promoting strategies’

Conclusions: The prevalence of reproductive morbidities was found high among women of reproductive age group. ‘Reproductive health promoting strategies’ were effective in reducing the morbidity rate of selected reproductive disorders.

Keywords: Reproductive health promoting strategies, prevalence, reproductive morbidities.

INTRODUCTION:

In the last decade an increasing interest in women’s reproductive health and development related activities has emerged to improve reproductive wellness around the world. The Cairo International Conference gave rise to a new, comprehensive understanding of women’s health owing to the efforts of participating group efforts from health care providers, researchers, women supporters from both developed and developing countries¹.

Ray. K .et al in 2009 conducted a community-based study on 4090 women who visits both rural and urban primary health centres of Delhi. The aim was to enumerate their reproductive tract infection rate through selfreported symptoms. it was found majority of rural women were suffering with STD related syndromes (71.4%) and their results emphasize the need for introducing more opportunities for diagnostic tests for STDs/RTIs at the peripheral health centres.²

Marinka vander Hoeven done a cross sectional study in Vietnam on married women of aged 18-49 years. The aim was to investigate the difference in health seeking behavior and prevalence of reproductive tract diseases. Stratified random sampling was used to select 206 participants from both urban and rural areas. The study revealed that 37% of the sample were clinically diagnosed with RTIs/STIs. Endogenous infection were most prevalent in most of the cases. There was a highly significant association found in between younger age, use of intra uterine devices with increase risk of bacterial vaginosis. Majority of urban as well as rural subjects expressed their access to health care is satisfactory , but still they face difficulties in receiving the needed care.78.6% of rural women seek treatment from traditional healers, but women from urban were preferring medical doctors.³

Gunjan Rastogi 2012 has concluded the reason for less treatment seeking behaviour of pregnant women in UP. There were low literacy level, lack of health awareness, over dominance of women’s inlaws, history of poverty and young age marriages. If any negative experience from the staffs like disrespectful behaviour, disfunctioning of pharmacy or low standard services can disappoint the antenatal women and their families and it can further prevent them in seeking institutional health care.⁴

Aggarwal A K, Kumar R, gupta V& Sharma M (1997) had conducted a cross sectional study on reproductive morbidities among ever married women residing in selected areas of Haryana. The reports were supporting high load of reproductive tract infections and low utilization of treatment facility. The researchers felt more in depth studies are required to understand for high RTI morbidity load and low treatment seeking rate so as to design an appropriate RTI control programme.

Sexual and reproductive health problems accounted for 18% of the total burden of diseases. Studies from developing countries have reported that almost half of women had reproductive tract infections, every month women suffered from uterine prolapse, half had menstrual problems related to infertility.⁵

The investigator, through clinical as well as community experience more over personnel experience found that the women generally perceived symptoms like vaginal discharge as normal and felt they did not require any care and they tended to seek treatment only when their health problems caused

greater physical discomfort or affected their work performance. A healthy woman can give a healthy future to the nation. Through extensive review of literature various studies has been found on reproductive morbidities and health seeking behaviour among women of reproductive age group but most of the studies are done in urban areas. So with this background in mind current study has been planned and to be conducted in rural part of district Jalandhar in order to assess the effectiveness of “reproductive health promoting strategies” on prevalence among women of reproductive age group.

OBJECTIVES:

1. To assess the effectiveness of “reproductive health promoting strategies” on prevalence of reproductive morbidities among women of reproductive age group.
2. To find out the association of prevalence of reproductive morbidities with selected demographic variables among women of reproductive age group.

SUBJECTS AND METHODS:

Research Approach and Research Design: A Quantitative research approach and quasi experimental pre-test post-test control group research design was employed to carry out the study to evaluate the effectiveness of ‘reproductive health promoting strategies’ on prevalence regarding reproductive morbidities among women of reproductive age group.

Research setting: The study was conducted in selected villages of District Jalandhar

Sampling technique and Sample size: Sample was selected by purposive sampling technique and a total 88 women in which 44 were in experiment and another 44 were in control group were taken for study.

Inclusion criteria

All married women of Reproductive age group, ie 18-49 years

1. Who were living in rural area of District Jalandhar
2. Having at least one symptom of selected reproductive morbidities in past 3 months period.
3. Those who were willing to be as a participant.

Exclusion criteria

Women those who were

1. Diagnosed as pregnant
2. Diagnosed for cancer of reproductive organs
3. Not willing to participate in study.

Research variables

Dependent variables: - Prevalence of self reported symptoms of reproductive morbidities among women of reproductive age group

Independent Variables: Reproductive health promoting strategies.

Development and description of tools

Section A: Part1: socio demographic variables consisted of 7 items.ie, age education, marital status, religion, type of family, occupation of women, socio economic status.

Part II: Reproductive characteristics of the women consists of 11 items.

Section B: Part I: Structured morbidity check list to assess the prevalence of self reported symptoms of reproductive morbidities (menstrual disorders, reproductive tract infection and urinary

tract infection) among women of reproductive age group consists of 30 items (10 items in each disorder.)

Validity of research tool:

The content and language of the tool has been validated by experts from the field of Obstetrical Nursing, Community Health Nursing, Medical Surgical Nursing, Gynecologists and obstetricians

Reliability of the tool was assessed through test re test method. Reliability of Structured reproductive morbidity checklist was $r=0.78$

Data collection Procedure:

2 villages under Phillaur Tehsil were selected through simple random sampling ie through lottery method in which one as experimental group and other as control group. Sample size was selected through purposive sampling technique, the minimum sample size is calculated to be 44 in each group. From both village a total 88 women of age group 18-49 years were enrolled in the study.

Data collection was done in four phases:

1. Assessment Phase: Researcher used the pre designed study tool to interview each woman of both experiment and control groups individually in the pre determined setting to assess the baseline prevalence of self-reported symptoms regarding reproductive health and morbidities.

2. Planning phase: An interventional program on “reproductive health promoting strategies was planned according to the prevalence of self reported symptoms determined through pre assessment and based on literature.

3. Implementation phase. The researcher explained the aim of the program and its importance to women attending the session and obtained their consent. Pre test was given to both groups separately. Promotion strategies were discussed with the experiment group. It was conducted in 3 sessions. And each session was completed in 45minutes to 1 hour duration. Three sessions were completed within 2 weeks duration .ie (1st, 7th and 14th day). Teaching was given in groups including 5-10 women. But only general care was discussed with the control group.

4. Evaluation Phase: Follow up- was done 3 months after the intervention, using tool B part I for both experiment and control group. The aim was to evaluate the effectiveness of the reproductive health promoting strategies on the women’s prevalence of self-reported symptoms regarding reproductive morbidities. After 3 months of the teaching program, researcher delivered the same intervention to the control group to gain similar benefits.

RESULTS:

The organization of data is presented in various sections.

► **Section: I- Socio Demographic characteristics of the sample-Frequency, percentage distribution and homogeneity test of samples based on demographic variables.**

In both experiment and control group majority of women were from the age group of 26-33 years. 36.36% were in the category of senior secondary education, were married and not working. They were from Sikh religion, belongs to nuclear family, socioeconomic class III, had 2 children and last delivery took place in private clinic. Majority of them were using chemical method as a family planning device, and never under gone a pap smear test and shared their reproductive problems with close ones. All the variables were found homogeneous.

► **Section II- Frequency and percentage distribution of pre and post reproductive morbidity prevalence among women in experiment group**

Frequency and percentage distribution of pre and post intervention prevalence of reproductive morbidities among women in experimental group.

Table -2.1
N=44

Reproductive morbidities		Pre intervention		Post intervention	
S. No.		High Prevalence F (%)	Low Prevalence F (%)	High Prevalence F (%)	Low Prevalence F (%)
1	Menstrual Disorders	39 (88.6)	5 (11.4)	37 (84.1)	07 (15.9)
2	Reproductive Tract Infection	31 (70.5)	13 (29.5)	14 (31.8)	30 (68.2)
3	Urinary Tract Infection	16 (36.4)	28 (63.6)	07 (15.9)	37 (84.1)
4	Overall Reproductive Morbidity	23 (52.3)	21 (47.7)	11 (25)	33 (75)

Max. Score: 30 Min Score: 00

Table -2.1 showed, that in pre – intervention the overall reproductive morbidity, majority (52.3%) women having high prevalence in which highest was found in menstrual disorders (88.6%), followed by reproductive tract infection and UTI (36.4%) respectively. There was a reduction in the post intervention prevalence after the implementation of ‘Reproductive health promoting strategies’

Section: III- Comparison of pre and post reproductive morbidity prevalence among women in experiment and control group.

Objective :1 -To assess the effectiveness of ‘reproductive health promoting strategies’ on prevalence of reproductive morbidities among women of reproductive age group.

Table -2: Comparison of pre and post intervention overall Reproductive Morbidity Prevalence Score among experiment and control group.

N=88

Overall Reproductive morbidity Prevalence Score(p value)

Group	Pre- Intervention n=44 Mean ± SD	Post- Intervention n=44 Mean ± SD	MD	t
Experimental group	17.8 ± 3.08	15.52 ± 2.44	2.27	8.16** (.000)
Control Group	17.05 ± 3.24	17.55 ± 3.12	-.50	3.79** (.000)

Min. prevalence Score: 00 df: 86

**** p value significant at p<.001 Max. prevalence Score: 30 MD- Mean difference**

Table 3 showed the pre and post intervention prevalence score of experimental groups was 17.8±3.08 and 15.52±2.44 with mean difference of 2.27. This shows statistically significant difference at p<.001 level. Whereas the pre and post intervention prevalence score of control group was 17.05±3.44 and 17.55±3.12 with the mean difference of -.05, and found statistically significant at p<.001 level.

Hence it was concluded that ‘reproductive health promoting strategies’ were significantly effective on the prevalence of overall reproductive morbidities among women in the study group. So, research hypothesis (H₁) is accepted.

Section: IV- Association between prevalence regarding reproductive health and morbidities among women in experiment and control group with selected variables. (Objective :2)

Table -4 Association between post intervention prevalence score of reproductive morbidity among women in experiment and control group with selected demographic variables.

N= 88

S.NO	Demographic variables	Mean & SD of Prevalence of reproductive morbidities			
		Experiment Group	F /t (P value)	Control Group	F/t (p value)
1. Age (in years)					
a)	18-25	15.33± 2.739		18.33± 2.550	
b)	26-33	15.29± 2.301	.13 ^{NS}	17.65± 2.978	2.72 ^{NS}
c)	34-41	15.83± 2.329	(.94)	18.70± 3.860	(.06)
d)	42-49	15.67± 2.828		15.00± 1.690	
2. Education of women					
a)	Middle (6 th to 8 th)	16.60± 1.517		17.57±3.163	
b)	Secondary (9 th & 10 th)	16.36± 2.437	1.67 ^{NS}	18.41± 3.163	.849 ^{NS}
c)	Senior secondary(11 th , 12 th)	16.15± 2.556	(.189)	17.00± 2.697	(.48)
d)	Graduate and above	14.56± 2.297		16.50± 3.117	
3. Occupation Of women					
a)	Working	15.09±1.952	4.19*	16.79±2.914	.75 ^{NS}
b)	Not working	16.00±2.846	(.047)	17.90±3.199	(.39)
4. Religion					
a)	Christian	15.43±2.507		17.29±2.628	
b)	Hindu	16.40±2.772	1.62 ^{NS}	17.65±3.478	.061 ^{NS}
c)	Sikh	14.95±2.081	(.21)	17.48±3.124	(.057)
5. Type of family					
a)	Nuclear	15.48±2.392	.14 ^{NS}	16.96±3.012	1.667 ^{NS}
b)	Joint	15.59±2.575	(.89)	18.56±3.140	(.103)
6. Socio economic status of family					
a)	Upper class(I)	17.00±000		16.00±000	
b)	Upper middle class (II)	14.75±2.252	.44 ^{NS}	19.11±2.977	1.43 ^{NS}
c)	Upper lower class (III)	15.59±2.531	(.728)	17.50 ± 3,102	(.25)
d)	Lower class(V)	15.88± 2.532		16.13± 3.091	
7. Number of children					
a)	No children	15.14±2.610		18.33±2.805	
b)	1	17.75±2.493	4.83**	17.11± 3.480	.608 ^{NS}
c)	2	15.00±2.087	(.013)	17.64±3.129	(.61)
d)	3 or more	0		14.00±000	
8. Place of last delivery					
a)	PHC/CHC	15.14±2.610	.82 ^{NS}	42.14±5.146	.93 ^{NS}
b)	Tertiary Hospital	16.12±2.619	(.45)	45.88±6.173	(.40)
c)	Private Clinic	15.15±2.231		43.55±7.736	
9. Current use of family planning method					
a)	Barrier method	15.75±2.340		46.92±4.033	
b)	Chemical	15.17±2.383	2.19 ^{NS}	45.28±6.229	3.59**
c)	Injectable contraceptives	19.50±.707	(.10)	48.00±7.071	(.02)
d)	Permanent sterilization	15.17±2.368		39.33±7.866	
10. PAP smear test done recently?					
a)	Yes	16.50±2.121	.58 ^{NS}	43.00±2.828	2.68 ^{0NS}
b)	No	15.48±2.462	(.567)	44.29±6.950	(.109)
11. Sharing Reproductive Health Problem					
a)	Yes	15.29±2.370	1.63 ^{NS}	49.42±6.672	2.05*
b)	No	17.00± 2.530	(.11)	43.33±5.715	(.05)

Table 4 showed: the association of reproductive health and morbidity prevalence score among women in experiment group and control group with selected variables The occupation of women(working), No. of children,(those are having no children to only one child), current use of family planning(barrier, chemical method) and sharing reproductive health problem with others , the mean score in prevalence are found statistically significant $p < .001$ level.

Hence it was concluded that women who were not working , having less number of children and using barrier or chemical method as a family planning method and sharing reproductive health problem with their close relatives or friends and taking treatment were showing low prevalence of reproductive morbidities.

DISCUSSION:

The current study showed the majority of women in both groups were in the age group of 26-33 years, having secondary education, married and not working. They belonged to Sikh religion, living in nuclear family, bearing upper lower class , had 2 children , last delivery took place in private clinic. Majority of them were using chemical method as a family planning device, and never undergone a pap smear test and shared their reproductive problems with close ones. The overall pre test mean prevalence score of experimental group reproductive morbidity was 17.8 ± 3.08 in which menstrual disorders got the highest prevalence of 7.11 ± 1.06 , followed by reproductive tract infections(6.32 ± 1.86) and urinary tract infection(4.36 ± 1.88) respectively as compare to control group. The findings were supported by **Savita and B P Gupta**, (2002) conducted a study on the prevalence of reproductive tract infections and sexually transmitted diseases among married women in the reproductive age group in a rural area of Sirmour during Deember 2001. A total 452 women were interviewed. majority 235 of them were suffering from RTIs showing a prevalence rate of 51.9%. The maximum prevalence in 25-34 years old age group(63.6%), illiterate women(72.2%), who had more than children , most similar symptom among participants was vaginal discharge (51.9) and lower abdominal pain. The difference was statistically significant $p < .001$.⁶ Another supported cross sectional study was conducted by Muthulaksmi & Gopalakrishnan S (2017) on 250 women of reproductive age group (15-44 years) and reports state 20.4% women suffering with UTI. The study found a strong association between the levels of education among the participants.⁷

In the present study the results revealed statistically significant improvement in the reduction in prevalence of reproductive morbidities of the experimental group as compared to control group after intervention of reproductive health promoting strategies as compared to baseline data. These findings was corroborated with the outcome of studies by Jayita Pal, Shamshad Ahamad and Arohita shiva on effect of health education on menstrual hygiene and genitor urinary morbidities, the result shown there was statistically significant decrease in the morbidities with improvement of KAP scores of menstrual hygiene in study school from the pre test level as compared to control group.⁸

The current study revealed that there was significant decline of mean prevalence score of selected reproductive morbidities at 3 months follow up. This study had included only married women of reproductive age group considering this limitation further interventional research should be extended to the adolescent girls and pregnant women along with health seeking behaviour also be targeted for this kind of health educational programme.

CONCLUSION:

The present study concluded that there was an immense need of intervention programme on health promoting strategies regarding reproductive morbidities especially among rural area women as they still un aware of the health care facilities and not considering these warning symptoms as serious illness and always try to hide their morbidities like menstrual disorders, reproductive tract infections and urinary tract infections.

There must regular educationally programmes within the women of reproductive age through public health workers and periodic reinforcement is needed to be given. Compulsory health screening should be motivated by Govt and NGO agencies to reduce reproductive health morbidities among women.

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