

Research Article

Perception and Knowledge on Reproductive Health among Women Working in Unorganized Sector in Andhra Pradesh

Prasad, M.

Research Scholar, Department of Population Studies, Sri Venkateswra University, Tirupati, Andhra Pradesh.

Email: prasad.visal@gmail.com

Received: Jan 17, 2019

Accepted: Jan 24, 2019

Published: Jan 29, 2019

Abstract: Reproductive health is a copious crucial part of general health and a central feature of human development. The health of the newborn is mainly a function of the mother's health and of her access to health care. Reproductive health is universal concern and is of immensely importance for women particularly during the reproductive years. In our country it has been well established that women play an important role in economic and social life of the country. But these women workers especially those who are in unorganized/informal sector, (estimated that 118 million women workers are engaged in the unorganized sector in India, constituting 94 per cent of the total women workers in India) are systematically being denied their fair share of the benefits, and working at high speed for low wages in unhealthy conditions. The study aims to explore the perception and knowledge on reproductive health among women in unorganized sector.

Keywords: Reproductive health, Perception, Knowledge, Sexual Behavior, Women, Unorganized Sector.

Introduction

In our country it has been well established that women play an important role in economic and social life of the country. But these women workers especially those who are in unorganized/informal sector, are systematically being denied their fair share of the benefits, and working at high speed for low wages in unhealthy conditions. Further, they are forced to put in long hours to earn enough to get by and have no sick leave or maternity leave. Whereas, women account for 32 per cent of the workforce in the informal economy, including agriculture and 20 per cent of the non-agricultural workforce, and estimated that 118 million women workers are engaged in the unorganized sector in India, constituting 94 per cent of the total women workers in India. In the unorganized sector women are overworked and their work is; invisible, unrecognized and unremunerated. Women are also displaced by men due to the impact of technology, high incidence of physical and sexual exploitation of women (Bernstien, 2010).

Reproductive morbidity and reproductive health refers to diseases of the reproductive system that may not necessarily be a consequence of reproduction. Anemia is a general physical problem. But in case of women anemia has a very close linkage reproductive health. Lack of awareness of the extent and effect of reproductive morbidity on the health and quality of life of women in developing countries is evident at national, community and individual levels. Raising awareness at community level, public opinion mediates people's action when they are sick and fear of social consequences provides a barrier to treatment. The world health organization technical group report has defined reproductive morbidity as any condition or

dysfunction of the reproductive track, or any morbidity which is a consequence of reproductive behavior including pregnancy, abortion, childbirth, or sexual behaviour. Lack of knowledge on reproductive morbidity, and reproductive health is serious health problem should be a cause for concern (Suman *et al.*, 2001; Jackson and Pitso, 2003).

Objective of the study

The objective of the present study is to review the working women in the field of unorganized sector and their perception and knowledge on reproductive health. Further, the present study also aims at acquiring particular knowledge about sexual behaviour of women engaged in unorganized sector.

Study Area and Sample Design

The study was undertaken in all the three revenue divisions of Chittoor district of Andhra Pradesh viz., Tirupathi, Chittoor and Madanapalle revenue divisions in order to make the findings applicable for the entire state. The sampling unit for the study was ever married women aged 20-44 years and having at least one conception/child at the time of survey. Suppose, if more than one sample is available in any household the youngest one is given preference. The total sample for the present study was 300 i.e., 100 samples from each revenue division in Chittoor district. The data will be collected through interview schedule.

The level of knowledge and type of perceptions on reproductive health, generally have good bearing on the women's management of reproductive health. The level of knowledge determines the level of understanding about the disease, type of clinic and type of doctor to be consulted for the treatment. The sample women with high knowledge on RCH matters react within short time to seek appropriate health services and treatment. Hence, the research scholar is focused this aspect much in the present study to assess the level of knowledge of surveyed samples on different related aspects as shown in the below table 1.

Table 1. Percentage distribution of respondents according to level of knowledge on reproductive health aspects (N=300)

S. No.	Reproductive Health Aspect	Level of Knowledge			Total
		High	Moderate	Poor	
1	Menstruation	79.0 (237)	13.7 (41)	7.3 (22)	100.0 (300)
2	RTI	14.0 (42)	51.3 (154)	34.7 (104)	100.0 (300)
3	STIs	24.3 (73)	64.3 (163)	21.4 (64)	100.0 (300)
4	RCH	16.7 (47)	65.3 (157)	32.0 (96)	100.0 (300)
5	HIV	29.0 (87)	57.0 (171)	14.0 (42)	100.0 (300)
6	AIDS	35.7 (107)	54.7 (164)	9.6 (29)	100.0 (300)
7	Safe Sex	26.0 (78)	49.7 (149)	24.3 (73)	100.0 (300)
8	Abortion	24.3 (73)	45.7 (137)	30.0 (90)	100.0 (300)
9	Ante Natal Care	27.0 (81)	39.3 (118)	33.7 (101)	100.0 (300)
10	Post Natal Care	25.0	44.3	30.7	100.0

		(75)	(133)	(92)	300
11	Vasectomy	28.0 (84)	47.0 (141)	25.0 (75)	100.0 (300)
12	IUD	13.0 (39)	57.0 (171)	30.0 (90)	100.0 (300)
13	Copper-T	11.7 (59)	46.3 (139)	34.0 (102)	100.0 (300)
14	Norplant	6.0 (18)	56.3 (169)	37.7 (113)	100.0 (300)
15	Rhythm	4.3 (13)	48.7 (146)	47.0 (141)	100.0 (300)
16	Emergency Contraceptive methods	22.7 (68)	53.0 (159)	24.3 (73)	100.0 (300)
17	Female Reproductive Life Span	40.3 (121)	46.3 (139)	13.4 (40)	100.0 (300)
18	Fertile Days in a Month	23.7 (71)	41.0 (123)	35.3 (106)	100.0 (300)
19	Responsible for Infertility/ Childlessness	21.7 (65)	46.3 (139)	32.0 (96)	100.0 (300)
20	Process of sex determination	25.7 (77)	44.3 (133)	30.0 (90)	100.0 (300)
21	Normal Gestation Period	40.7 (122)	46.3 (139)	13.0 (39)	100.0 (300)

Among the sample, 79 per cent of them were have good knowledge on menstruation and in remaining aspects they have either moderate level of knowledge or poor level of knowledge. Interestingly, the surveyed sample women were have poor knowledge on reproductive health aspects like, RTI (35 per cent), RCH (32 per cent), on Abortion (30 per cent), Antenatal care (34 per cent), postnatal care (31 per cent), IUD (30 per cent), Copper-T (34 per cent), Norplant (38 per cent), Rhythm (47 per cent), Fertile days in a month (35 per cent), Responsible for infertility (32 per cent) and Process of sex determination (30 per cent). To assess the overall level of Knowledge/Perception on Reproductive health of the sample respondents, an index was prepared based on related factors discussed in preceding table. The total number of factors involved are twenty-one and the cumulative score range lies between 21 to 63. The level of Knowledge/Perception on Reproductive is classified as low, medium and high based on the scores obtained in the index.

Index on level of Knowledge/Perception

The range of score lies between 21-63.

Range score	Factors of level of Knowledge/Perception
21-35	Low
36-50	Medium
51-63	High

Table 2. Index on overall Knowledge/perceptions on reproductive health aspects (N=300)

S. No.	Level of Knowledge/perception	Percentage
1	Poor	26.3 (79)
2	Medium	49.4 (148)
3	High	24.3 (73)

As per the index data, slightly more than one- quarter of the sample respondents (26.4 per cent) have poor knowledge and perceptions on Reproductive health, as against it, interestingly more or less the similar percentage of the respondents have highest knowledge and perceptions on Reproductive health and the remaining 49.4 per cent of the surveyed respondents have moderate knowledge and perceptions on Reproductive health.

In the study area on the whole, the category of samples with highest knowledge and perceptions on Reproductive health is only 24.3 per cent, because, one of the plausible reasons is the study hail from unorganized sector and most of them were no educational level and engaged in construction field.

Sexual Behaviour

Sexual Behaviour means, a person's sexual practices i.e. whether he/she engages in heterosexual/homosexual activity. Whereas, sexual risk behaviour is commonly defined as behaviour that increases one's risk of contracting sexually transmitted infections (STIs) and experiencing unintended pregnancies. These includes having sex at an early age, having multiple sexual partners, having sex while under the influence of alcohol or drugs and unprotected sexual behaviours (Centres for Disease Control and Prevention, 2010).

Table 3. Nature of Sexual Behaviour (N=300)

S.No.	Sexual Behavior	Disagree	Agree	Strongly Agree	Total
1	Participation in Premarital Sex	33.7 (101)	41.0 (123)	25.3 (76)	100.0 (300)
2	Indulging in extra marital sex	29.0 (87)	46.3 (139)	24.7 (74)	100.0 (300)
3	Using Condom during illicit sex	44.3 (133)	35.7 (107)	20.0 (60)	100.0 (300)
4	Alcohol consumption during sex	37.4 (112)	52.3 (157)	10.3 (31)	100.0 (300)
5	Use of Aphrodisiacs for sexual stimulations	Use 21.0 (63)	Not used 59.7 (179)	Not aware 19.3 (58)	100.0 (300)
6	Reaction when you refuses for sex	Use force 52.3 (157)	Postpone 12.0 (36)	Convince 35.7 (107)	100.0 (300)
7	Reaction when you demand for sex (From Husband)	Feel bad 9.7 (29)	Be natural 15.7 (47)	Accept 74.6 (224)	100.0 (300)
8	Availability of local stimulus material	Viagra 12.0 (36)	Toddy 36.3 (109)	Not aware 51.7 (155)	100.0 (300)
9	Practice of lesbian	Never 93.0 (279)	Occasionally 4.0 (12)	Frequently 3.0 (9)	100.0 (300)

The table portrays that 123 respondents (41 per cent) agreed 76 respondents (25.3 per cent) strongly agreed and 101 respondents (33.7 per cent) disagreed to take part in the premarital sex. In case of extramarital sex 74 respondents (24.7 per cent) strongly agreed, 131 respondents (46.3 per cent) agreed and 87 respondents (29 per cent) disagreed to indulge in the activity. In case of using condom during illicit sex, 133 respondents (43.3 per cent)

disagreed and only 107 respondents (35.7 per cent) agreed that they use condoms during illicit sex.

In case of alcohol consumption during sex 31 respondents (10.3 per cent) strongly agreed. 157 respondents (52.3 per cent) agreed and 112 respondents (37.4 per cent) disagreed. Regarding taking aphrodisiac for sexual stimulus, 58 respondents (19.3 per cent) does not aware of them and 179 respondents (59.7 per cent) never used and 63 respondents (21 per cent) have used.

When wives refuse for sex, 36 respondents' husbands (12 per cent) respected their partner views, another 36 respondents (12 per cent) husbands were keeping quiet, and remaining 107 of the respondents' husbands tried to convince their wives for sex. The reaction of husbands when wives refused to indulge in sex is a crucial determinant of management of good relation between couples. However the remaining 157 respondents' husbands (52.3 per cent) used force to have sex, when wives are not interested. When wives demands for sex 224 respondents' husbands were accept (74.6 per cent) their wives want, however 29 respondents' husbands (9.7 per cent), felt very bad in this concern. Regarding local stimulus material for sex, more than half of the respondents are not aware of it, Only 36 respondents' husbands (12 per cent) were using Viagra to get sexually excitement. The remaining 109 respondents stated that their husbands were using toddy to get sexual excitement at the time of intercourse. The practice of the lesbian is not seen in the study area as almost all the respondents never practiced it. However, the remaining 7 per cent of the respondents were practice it either occasionally (4 per cent) or frequently (3 per cent).

Index on Sexual Behaviour

To assess the overall pattern of sexual behavior of the sample respondents an index was prepared based on related factors discussed in preceding table. The total number of factors involved are nine and the cumulative score range lies between 9 to 27. The pattern of sexual behaviour is classified as poor, average and good based on the scores obtained in the index. The samples are categorized as in poor category with score of 15 and less, in average category with score in between 16-22 and good category with score in between 23-29. The overall sexual behaviour of the respondents has been elicited and presented in the table 4.

Table 4. The overall sexual Behavior of the sample respondents (N=300)

S. No.	Item	Poor	Average	Good	Total
		33.7	41.6	24.7	100.0
		101	125	74	300

The index data results clearly shows that in the study area among the total sample still one-third of them were practicing with poor sexual behaviour, as against it, only one-quarter of the sample women were practicing with good and healthy sexual behaviour. And the remaining 41.6 per cent of the surveyed respondents were practicing with average pattern of sexual behaviour.

Conclusion

Reproductive health affects women economic circumstances, education, employment, living conditions, family environment, Social, gender relationships, the traditional and legal structures. Sexual and reproductive behaviour are governed by complex biological, cultural and psychosocial factors. Therefore, the attainment of reproductive health is not limited to interventions by the health sector alone. Nonetheless, most reproductive health problems

cannot be significantly addressed in the absence of health services and medical knowledge and skills. The status of women in society, and how they are treated or mistreated, is a crucial determinant of their reproductive health. An educational opportunity for women powerfully affects their perception, knowledge on reproductive health and controls their fertility.

Conflicts of interest: There is no conflict of interest of any kind.

References

1. Bernstein, S. 2010. The report of Population, Reproductive Health and Millennium Development Goals. Message from the UN Millennium Project Reports.
2. Jackson, H. and Pitso, J. 2003. Reproductive Health for youth at the workplace UNFPA case study; Botswana: May 1, 2003. New York, TSD.
3. Suman, A.S. and Asari, V.G.K. 2001. Reproductive health care of women in rural areas: An exploratory study in Nilgiris District in Tamil Nadu. Journal of Family Welfare, 47(1): 50-55.

Citation: Prasad, M. 2019. Perception and Knowledge on Reproductive Health among Women Working in Unorganized Sector in Andhra Pradesh. International Journal of Recent Innovations in Academic Research, 3(1): 259-264.

Copyright: ©2019 Prasad, M. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.