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Reproductive health and child care: a study on existing knowledge of rural mothers

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Abstract

The study was conducted in five villages of central plain zone, district Ludhiana namely Aliwal, Chappaar, Issewal, Maherna Kalan and Purain. A sample of 30 rural mothers was taken from each village, thus the total of 150 rural mothers. An interview schedule was prepared to collect information on different parameters existing knowledge of mothers on reproductive health, menstruation, pregnancy, family planning method and child health. It was observed that mothers lacked basic knowledge on all aspects such as ideal family size, male and female reproductive organs, menstruation, family planning methods, pregnancy, legal aspects and child health.

Key words: Reproductive health, child health.

Introduction

Maternal health services have a potentially critical role in the improvement of reproductive health. The use of health services is related to availability, quality and cost of services as well as the social structures, health beliefs and personal characteristics of the users. According to the World Health Organization (WHO, 2002) over half a million women die each year from complications of pregnancy or childbirth. Most maternal deaths occur during childbirth and the presence of trained medical staff could greatly reduce this number.

In some low-income countries where fertility rates are high, teenage pregnancy and early marriage are common. For instance, the proportion of teenage women who are mothers or currently pregnant is highest in sub-Saharan Africa (20 - 40%). As a result, pregnancy and childbirth are the leading cause of death among women adolescents (Mayor, 2004). Compared to adult mothers, adolescent mothers are at increased risk of poor maternal and infant outcomes such as maternal and infant death or having an infant who is of low-birth-weight (Le Grand and Mbacke, 1993; Magadi *et al.*, 2001; Becher, 2004). In sub-Saharan Africa, even when services are available, many pregnant women come late for antenatal care (ANC) and many attend only once thereby limiting the quality of care provided (Peltzer *et al.*, 2005).

This hampers the delivery of effective antenatal care (ANC) screening and treatment programs, potentially contributing to the high maternal morbidity and mortality (Myer and Harrison, 2003). Young people in particular are reluctant to seek health services for their sexual and reproductive health needs. Included among the many barriers are restrictive laws and policies (Tylee *et al.*, 2007) judgmental health workers and a lack of training in and understanding of adolescent reproductive needs (WHO, 2002). There is a fear among adolescents of humiliation or having to respond to unpleasant questions and procedures. Furthermore, there is lack of respect, privacy and confidentiality within the health care system.

The health of women is a human right issue and is a fundamental pillar for progress in low-income countries. Addressing reproductive health issues is an important element in the Uganda's National Health Sector Strategic Plan (HSSP II). This plan stipulates that the utilization of maternal and child health services is still inadequate mainly because of low education and cultural practices, including power dynamics at household and community levels.

Thus, the present study was conducted to study the existing level of knowledge of mothers regarding reproductive health and childcare under the following objectives:

- to study the knowledge of rural mothers regarding reproductive health and pregnancy and
- to identify the prevalent practices with regard to family planning methods and child health.

Methodology

The study was conducted in five villages of central plain zone, district Ludhiana. The villages selected were Aliwal, Chappaar, Issewal, Maherna Kalan and Purain. A sample of 30 rural

mothers was taken from each village. The total sample was 150 rural mothers.

Tools used: An interview schedule was prepared to collect information on reproductive health, menstruation, pregnancy, family planning method and child health.

Results and Discussion

The results with respect to the objectives are discussed below:

Table 1. Knowledge of rural mothers regarding reproductive health (n=150)

S.No.	Items	Response
1.	Male reproductive organs	
	Yes	7 (5.00)
	No	143 (95.00)
2.	Female reproductive organs	
	Yes	30 (20.00)
	No	120 (80.00)
3.	Primary and secondary sex characteristics in girls	
	Yes	60 (40.00)
	No	90 (60.00)
4.	Primary and secondary sex characteristics in girls	
	Yes	45 (30.00)
	No	105 (70.00)
5.	No. of children	
	One child	--------
	2 children (boy and girl)	150(100.00)
	More than 2 children	--------

Figures in parenthesis are percentages

Table 1 depicted the knowledge of rural mothers regarding reproductive health. It was observed that 95 and 80 per cent mothers were not in position to mention the male and female reproductive organs respectively. Similarly majority of the mothers (60% and 70%) didn't have any knowledge regarding primary and secondary characteristics of girls and boys respectively. All the mothers (100%) believed that Parents with two children is the ideal family size. No mother wanted one child in the family. This thinking may be attributed to the awareness made by mass media regarding small family.

According to table 2, 80 per cent of mothers were of the view that ideal child bearing age is from 22-24 years whereas 20 per cent were of the view that child–bearing age should be between 19-22 years. All mothers (100%) mentioned about the ideal birth spacing to be 3 years. As far as determining the sex of the child is concerned, 100% of mothers believed that God is responsible for sex determination of the child but had absolutely no knowledge regarding the role of parents in determining the sex of the child. However, a myth prevails that physiology of mother's body is responsible for determining the sex of the child.

Table 2. Knowledge of rural mothers regarding child bearing age and family size (n=150)

S.No.	Items	Response
1.	Ideal Child Bearing Age	
	19-22 years	30 (20.00)
	22-24 years	120 (80.00)
	24-26 years	---------
	26-30 years	----------
	No response	----------
2.	Ideal Family Size	
	Parents with one child	----------
	Parents with 2 children	150 (100.00)
	Parents with 3 children	----------
	Parents with 4 and more children	----------
	No response	----------
3.	Ideal Birth Spacing	
	1 year	----------
	2 years	----------
	3 years	150 (100.00)
	4 years	----------
	5 years	----------
	No response	----------
4.	Who is responsible for sex of the child	
	Mother	----------
	Father	----------
	God	150 (100.00)
	Both	----------
	No response	----------

Figures in parenthesis are percentages

Table 3. Knowledge of rural mothers regarding menstruation (n=150)

S.No.	Items	Response
1.	Onset of menstruation	
	9-10 years	---------
	10-11 years	----------
	11-12 years	----------
	12-13 years	50 (33.33)
	13-14 years	50 (33.33)
	14-15 years	50 (33.33)
2.	Problems faced during menstruation	
	Stomach ache, nausea, body cramps	150 (100.00)
	No problem	----------
	No response	----------
3.	Points to be kept in mind during menstruation	
	Prohibitions	
	Eating citrus & cold items	150 (100.00)
	Cooking food	----------
	Prayers	----------
	No response	----------

Figures in parenthesis are percentages

Table 3 enumerated the knowledge of mothers regarding menstruation. It was noticed that 33.33 per cent mothers believed that 12-13 years is the age of beginning of menstruation. Equal number of mothers believed that the onset of menstruation is between 13-14 years and 14-15 years. Mothers (100%) also believed that menstruation is associated with problems such as stomachache, nausea, body cramps. All mother (100%) believed in not taking hot and sour foods like imli, curd, lassi and citrus fruits to avoid any problem during menstruation. It could be concluded that mothers had sufficient knowledge about menstruation but practiced myths regarding eating habits.

Table 4. Knowledge of rural mothers regarding family planning methods (n=150)

S.No.	Items	Response
1.	Family planning methods used by women	
	Copper T, tablets, tubecomy	120 (80.00)
	No knowledge	30 (20.00)
2.	Family planning methods used by men	
	Condom, vasectomy	150 (100.00)
	No knowledge	----------
3.	Knowledge about sexually transmitted diseases	
	Yes	15 (10.00)
	No	135 (90.00)

Figures in parenthesis are percentages

Table 4 depicted the knowledge of rural mothers regarding family planning methods. It was observed that 80 per cent of the mothers had knowledge of some family planning methods used by females such as copper T, tablets (Mala D) and through surgery (tubectomy) where as 20 per cent did not have any such knowledge. The 100 per cent of the mothers knew about two methods used by the men i.e. condom and through surgery. However, they reported that males do not use any of the methods, whereas, it is the responsibility of the females to choose any convenient method. Ninety per cent of the mothers had no knowledge regarding sexual transmitted diseases, whereas, 10 per cent of the mothers have heard about sexual transmitted diseases but in actual they do not have any knowledge regarding its causes, symptoms and preventive measures. Hence, it could be concluded that majority of mothers didn't have knowledge regarding sexually transmitted diseases.

Table 5. Knowledge of rural mothers regarding pregnancy (n=150)

S.No.	Items	Response
1.	Vaccination during pregnancy	
	Tetanus	120 (80.00)
	No	30 (20.00)
2.	Ideal place of birth	
	Home	------
	Hospital	150 (100.00)
3.	Services offered by government for pregnant and nursing mothers	
	Yes	-------
	No	150 (100.00)
4.	Calculation of due date of delivery	
	Yes	45 (30.00)
	No	105 (70.00)

Figures in parenthesis are percentages

Table 5 elaborates knowledge of rural mothers regarding pregnancy. It was seen that 80 per cent of mothers were aware of the vaccination i.e. Tetanus given during pregnancy whereas 20 per cent had no such knowledge. Hundred per cent of all the mothers did not have knowledge regarding the services offered by health department for pregnant and nursing mothers. Seventy per cent mothers were not able to calculate the due date of delivery but 30 per cent mothers knew how to guess the delivery date simply by counting nine months from the last menstrual period. Mothers had little knowledge about the government programmes and the calculation of due date of delivery .This may be attributed to the ignorance and lack of awareness of mothers.

Table 6. Knowledge of rural mothers regarding child health (n=150)

S.No.	Items	Response
1.	Immunization schedule for children	
	Yes	45 (30.00)
	No	105 (70.00)
2.	Age for starting weaning foods	
	4 months	45 (30.00)
	5 months	----------
	6 months	105 (70.00)
	1 year	----------
	No response	----------
3.	Age for toilet training the child	
	1-2 years	150 (100.00)
	2-3 years	----------
	3-4 years	----------
	No response	----------

Figures in parenthesis are percentages

Data presented in table 6 depicted the knowledge of mothers regarding child health. It was observed that 70 per cent of the mothers did not know about immunization schedule for children in comparison to 30 per cent mothers who knew some of the vaccinations along with the approximate time period, but mothers were totally dependant on the health staff for vaccinations of young children. Regarding the weaning aspect, 70 per cent of the mothers reported six months as the appropriate age for weaning the child, whereas 30 per cent said that weaning should be started at 4 months of age. About toilet training of the child 100 per cent mother reported that child should be toilet trained between 1-2 years of age.

Conclusion

The study conducted on rural mothers in five villages of Ludhiana district, concluded that

mothers lack basic knowledge for all aspects such as ideal family size, male and female reproductive organs, menstruation, family planning methods, pregnancy, legal aspects and child health.

It is recommended that appropriate intervention programme should be developed for rural mothers to enhance their knowledge about different aspects so that mothers can guide their daughters properly.

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