



Exploring Reproductive Health Problems of Rural Women: An Empirical Study of Two Villages

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Abstract:

This research paper aims to shed light on the reproductive health problems and challenges faced by women in an educationally and economically backward rural community, with a specific focus on Duhukuriya and Deem villages of the Kusmi block of Sidhi district, Madhya Pradesh. The study utilizes primary data collected from a sample of 220 respondents to analyze the prevalence of various reproductive health issues, including pre and postnatal problems, menstrual disorders, reproductive tract infections (RTIs), breastfeeding complications, and childbirth-related challenges. The findings of the study highlight the multifaceted nature of these health concerns and underscore the urgent need for targeted interventions and improved access to healthcare services in these communities.

Keyword: Rural Women, ANC, PNC, Menstruation, Contraceptive Use

1. Introduction

Reproductive health problems encompass a wide range of conditions that can significantly impact individuals' well-being and reproductive capabilities. Among rural women, these problems are complex and multifaceted, stemming from a combination of socio-economic, cultural, and geographic challenges. One of the key issues is the limited access to healthcare services in rural areas, where healthcare facilities may be scarce or distant. This lack of accessibility results in delayed or inadequate care, leading to higher maternal mortality and morbidity rates. Additionally, family planning services are often scarce, contributing to unintended pregnancies and limiting women's control over their reproductive choices. Sexual and reproductive health education is also insufficient in many rural communities, leading to misconceptions and inadequate knowledge about crucial topics such as contraception, sexually transmitted infections (STIs), and cervical cancer etc. Addressing reproductive health problems among rural women requires a comprehensive approach. It involves improving healthcare infrastructure in rural areas and ensuring that trained healthcare professionals are available to provide essential services. Implementing community-based health initiatives and outreach programs can help raise awareness about reproductive health, family planning, and safe practices (Puthuchira & Kulasekaran, 2014).

Reproductive health is defined as a state of physical, mental, and social well-being in all matters relating to the reproductive system, at all stages of life. Good reproductive health implies that people can have a safe sex life, the capability to reproduce and the freedom to decide if, when, and how often to do so. Men and women should be informed about these issues and have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth (Cook & Fathalla, 1996).

Community Health Services' have key roles in antenatal care, delivery, postnatal, and neonatal care, including family planning. There are significant variations in their involvement and approach to service delivery. Furthermore, most policies are implemented without the provision of adequate resources to ensure smooth implementation. Without adequate resources and infrastructure in place, MCH program implementations in developing countries run into difficulties. It is expected that future policy implementation would take into consideration the required infrastructure and resources before the implementation proceeds (Janmejaya & Ranjit, 2015).

At the village level, outreach services are provided by Auxiliary Nurse Midwives (ANMs) through sub-centers, typically held in Anganwadi centers. These services include immunizations, antenatal care, postnatal care, and access to temporary methods of contraception. At the block and district levels, facility-based services include institutional delivery, emergency obstetric care (both basic and comprehensive), safe abortion services, sterilization services, management of reproductive tract infections/sexually transmitted infections (RTIs/STIs), newborn care, immunizations, oral rehydration therapy for diarrheal control, prevention and control of respiratory tract infections, anemia management, and adolescent health clinics. Outreach services also refer to all services provided through Anganwadi centers for young children (Reddy, 2011).

Preconception and antenatal care services involve family planning, prevention and management of STDs/HIV, antenatal registration and care, tetanus toxoid vaccination, nutrition and diet advice, iron/folate supplementation, referral services for complicated cases, and community education on antenatal aspects. Intranatal care services encompass clean and safe delivery, identification and management of complications at health centers, transport and referral facilities, and training of birth attendants. Postnatal care for mothers includes early detection and management of postpartum complications, postpartum care, family planning information and services, and STD/HIV prevention, and management. For newborns, postnatal care includes resuscitation, prevention and management of hypothermia, early and exclusive breastfeeding, and management of infections (Ghai, 2010).

2. Objective

The objective of this study is to examine various problems encountered during the antenatal care (ANC) and postnatal care (PNC) periods, menstrual problems, reproductive tract infections (RTIs), breastfeeding difficulties, childbirth complications, and issues related to contraceptive use.

3. Methodology

This research is an empirical study that involves collecting and analyzing primary data to examine the reproductive health problems faced by rural women in socially and economically backward communities. Specifically, the villages of Duhukuriya and Deem in the Kusmi block of Sidhi district, Madhya Pradesh, have been purposively selected for the present study. These two villages comprise a significant population of Scheduled Castes (SCs) and Scheduled Tribes (STs), and they are located far from the available health facilities. Primary data was collected through semi-structured interviews conducted with selected respondents. The interview schedule was designed to capture information on various reproductive health issues, including pre- and postnatal problems, menstrual disorders, reproductive tract infections (RTIs), breastfeeding complications, and challenges related to childbirth. This study reflects upon the prevalence of reproductive health problems, specifically focusing on the occurrence and frequency of various reproductive health issues experienced by rural women in the educationally and economically backward villages of Duhukuriya and Deem. These specific health issues are of interest in understanding the reproductive health landscape of the target population. To assess the prevalence of these problems, primary data has been collected from a sample of 220 respondents. Our analysis presents the findings derived from primary data collected from the field and we utilized percentage analysis to assess these results. By investigating these issues, we aim to contribute to a better understanding of the reproductive health challenges faced by

rural women in backward rural communities and advocate for targeted interventions and improved healthcare services to address these concerns effectively.

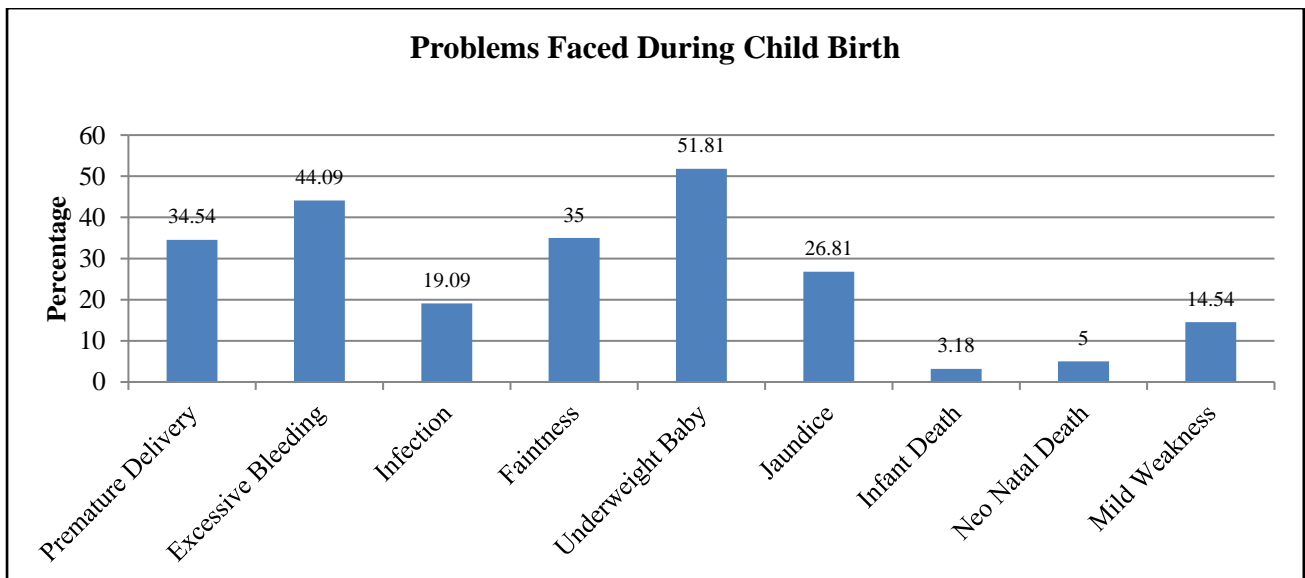
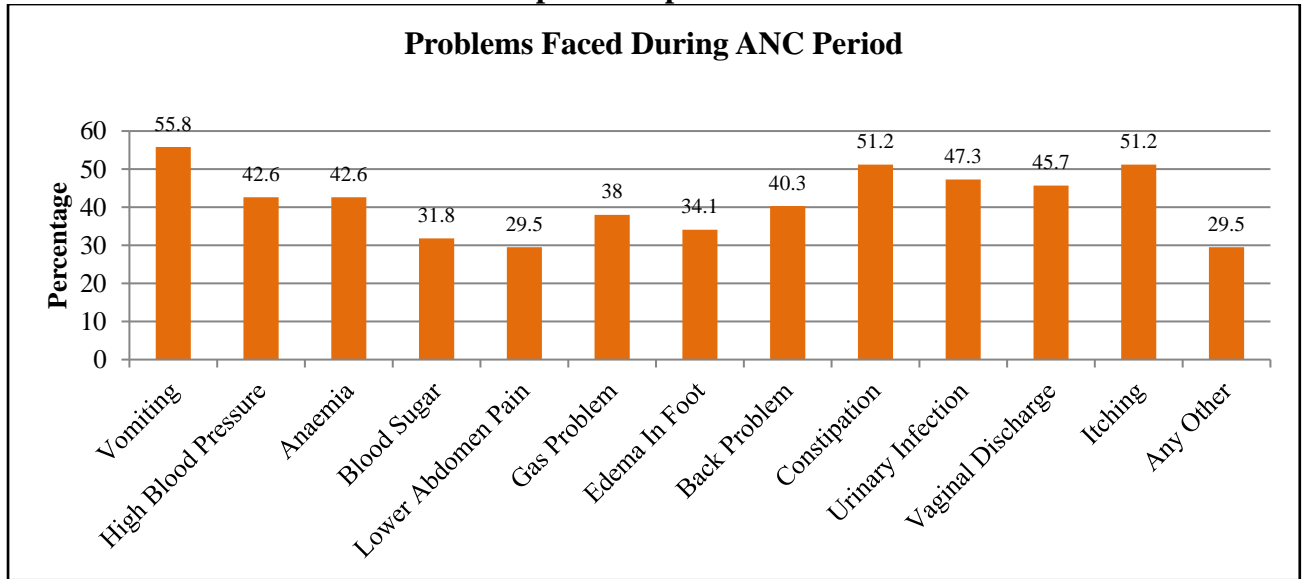
Table: 1.1: Problems Faced by the Respondents

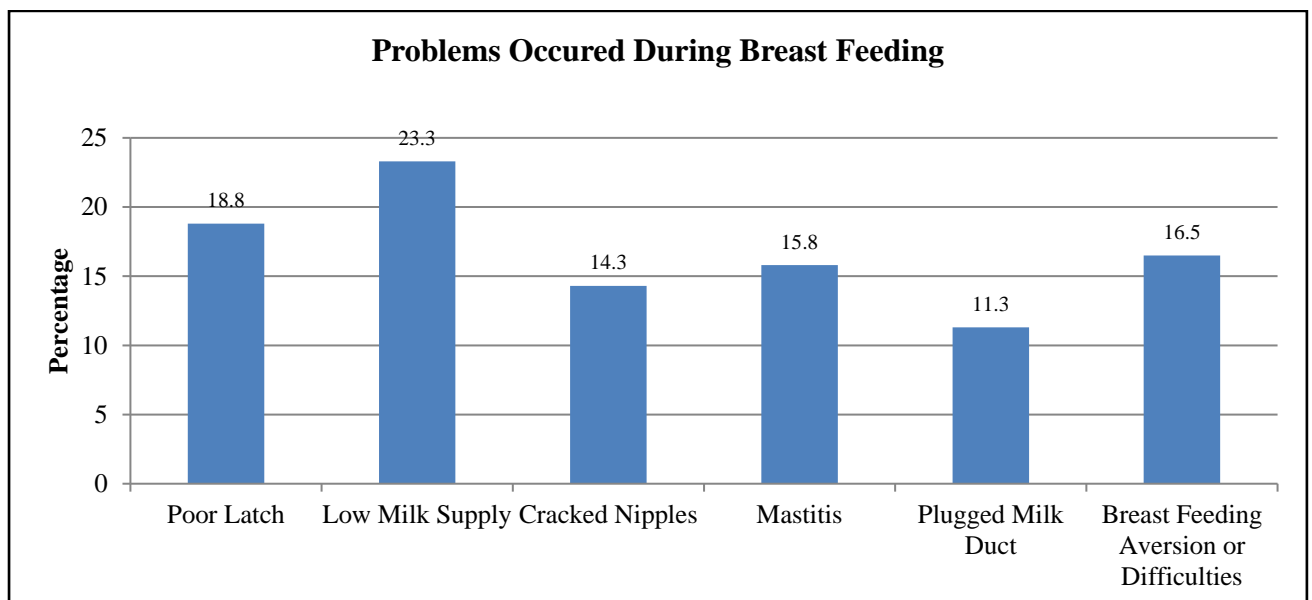
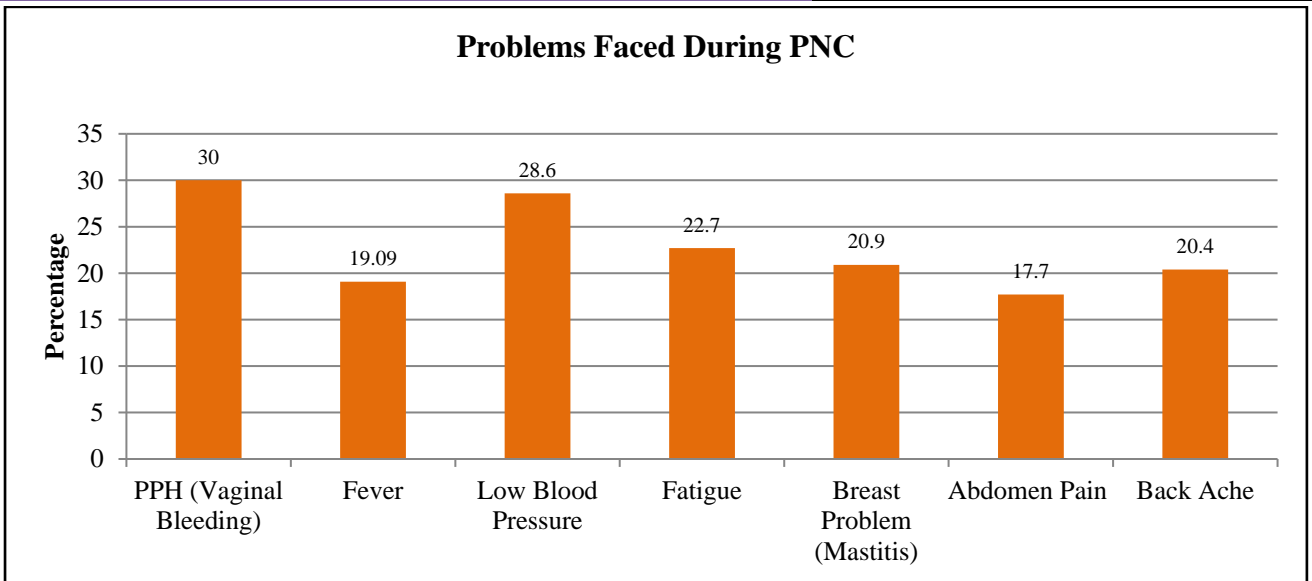
Utilization of ANC (N=220)	Percentage (%)
Yes	58.6
No	41.4
Problems Faced During ANC (N=129)	Percentage (%)
Vomiting	55.8
High Blood Pressure	42.6
Anaemia	42.6
Blood Sugar	31.8
Lower Abdomen Pain	29.5
Gas Problem	38.0
Edema In Foot	34.1
Back Problem	40.3
Constipation	51.2
Urinary Infection	47.3
Vaginal Discharge	45.7
Itching	51.2
Any Other	29.5
Problems Faced During Child Birth (N=220)	
Premature Delivery	34.54
Excessive Bleeding	44.09
Infection	19.09
Faintness	35
Underweight Baby	51.81
Jaundice	26.81
Infant Death	3.18
Neonatal Death	5
Mild Weakness	14.54
Utilization of PNC (N=220)	
Yes	44.1
No	55.9
Problems Faced During Postnatal Period (N=97)	
PPH (Vaginal Bleeding)	30
Fever	19.09
Low Blood Pressure	28.6
Fatigue	22.7
Breast Problem (Mastitis)	20.9
Abdomen Pain	17.7
Backache	20.4
Problems Faced During Breast Feeding Process (N=133)	

Poor Latch	18.8
Low Milk Supply	23.3
Cracked Nipples	14.3
Mastitis	15.8
Plugged Milk Duct	11.3
Breast Feeding Aversion or Difficulties	16.5

Source: Primary Data

Graphical Representation





4. Result and Discussion

4.1 Problems during the Antenatal Period

During the antenatal period, women may encounter several problems that can impact their reproductive health. One significant issue is the lack of access to quality antenatal care. This can be due to various factors such as limited healthcare infrastructure, geographical remoteness, or financial constraints. Consequently, women may face challenges in receiving timely and appropriate prenatal care. Another problem is the delayed initiation of antenatal care, which can result in missed opportunities for crucial screenings, vaccinations, and health education. This delay can have negative consequences for both the mother and the baby. Anemia is also a common problem during pregnancy, often caused by insufficient iron intake or poor nutrition. It can lead to fatigue, weakness, and complications during childbirth. High blood pressure and gestational hypertension can further complicate pregnancy, increasing the risk of conditions like pre-eclampsia. Gestational diabetes, a form of diabetes that develops during pregnancy, requires careful management to prevent complications for both the mother and the baby (Singh et al., 2019). Among the total population of 220, 58.6% utilized antenatal care (ANC) services, while 41.4% did not access ANC. This indicates that a significant portion of the population did not receive the recommended prenatal care. It is important to note that only 129 women experienced problems during the ANC period, and each

woman had multiple problems. The frequencies and percentages presented in the table indicate the prevalence of each problem among the participants. Vomiting was reported by 72 respondents, accounting for 55.8% of the sample. This indicates that a significant number of women experienced vomiting during their antenatal period. High blood pressure and anemia were also common issues, reported by 55 respondents each, representing 42.6% of the sample. These conditions can pose risks to both the mother and the baby if not properly managed. Other problems mentioned include blood sugar issues (31.8%), lower abdomen pain (29.5%), gas problems (38.0%), edema in the foot (34.1%), back problems (40.3%), constipation (51.2%), urinary infections (47.3%), vaginal discharge (45.7%), itching (51.2%), and other unspecified issues (29.5%).

4.2 Problems Faced during Child Birth

During childbirth, immediate challenges can emerge, demanding swift medical attention and intervention. Prolonged labor, surpassing expected durations, can lead to exhaustion for both mother and baby, potentially requiring interventions like vacuum extraction or cesarean sections to facilitate safe delivery. Fetal distress, signaled by abnormal heart rate patterns, indicates compromised oxygen supply to the baby and may prompt emergency interventions, including cesarean deliveries. Shoulder dystocia, where the baby's shoulders become lodged behind the mother's pelvic bones, poses delivery difficulties and may lead to injuries like brachial plexus nerve damage or fractures. Perineal tears, including episiotomies—surgical incisions to ease delivery—can range from mild to severe, even affecting the anal sphincter. Postpartum hemorrhage, characterized by excessive bleeding after childbirth, might arise due to inadequate uterine contractions or other factors, demanding immediate medical attention to prevent severe blood loss. Infections in the mother's reproductive tract can also develop, especially in cases of tears or surgical incisions, necessitating medical treatment. Additionally, some women may experience maternal complications like preeclampsia (high blood pressure), eclampsia (seizures), or amniotic fluid embolism, requiring urgent medical intervention.

Despite these potential issues, the presence of skilled healthcare providers, proper prenatal care, and suitable medical interventions can help mitigate risks, ensuring a secure and healthy delivery for both mother and baby. Regarding childbirth experiences within the sample of 220 respondents, 34.54% encountered premature delivery, 44.09% faced excessive bleeding, and 19.09% dealt with infections. Other reported problems encompassed faintness (35%), underweight babies (51.81%), jaundice (26.81%), infant death (3.18%), neonatal death (5%), and general weakness without specific complications (14.54%). These findings underline the diverse challenges associated with childbirth, emphasizing the necessity of comprehensive medical care and support during this critical phase.

4.3 Problems during PNC

During the PNC (Postnatal Care) period, which spans the first six weeks after childbirth, new mothers often encounter a range of difficulties. These challenges include physical discomfort such as pain in the perineal area or incision site, breast engorgement, sore nipples, and urinary issues. Hormonal changes during this time can lead to mood swings, irritability, and anxiety, and some women may experience postpartum depression. Breastfeeding may present challenges like latch problems, low milk supply, engorgement, or painful nursing. Sleep deprivation is common due to the newborn's frequent feeding and care needs, which can affect physical and mental well-being. Some new mothers may lack support, feeling isolated without assistance for household tasks, childcare, or emotional support. Postpartum complications like infections, excessive bleeding, blood clots, or mastitis can also arise. Seeking support from healthcare professionals, family, and friends, and practicing self-care can help alleviate these issues and promote a smoother transition during the PNC period. In terms of postnatal care (PNC), 44.1% of respondents utilized PNC services, while 55.9% did not. Among those who received PNC, common problems reported included postpartum hemorrhage (30%), fever (19.09%), and low blood pressure (28.6%), and fatigue (22.7%), breast problems such as mastitis

(20.9%), abdomen pain (17.7%), and backache (20.4%). These findings emphasize the importance of postnatal care in addressing the physical and emotional well-being of individuals after childbirth.

4.4 Breast Feeding

During the breastfeeding process, some women may encounter challenges that can impact successful breastfeeding. These include poor latch, leading to nipple soreness and ineffective milk transfer, as well as low milk supply, making it difficult to meet the baby's needs. Engorgement, with swollen and uncomfortable breasts, can hinder proper latching. Sore or cracked nipples can cause pain and discourage breastfeeding. Mastitis, an infection of breast tissue, and plugged milk ducts can also occur, requiring medical attention. Additionally, some women may experience emotional or psychological difficulties with breastfeeding, affecting their overall experience. Seeking support from healthcare professionals and lactation consultants is crucial to address these challenges and ensure successful breastfeeding.

Concerning the breastfeeding process, problems faced by mothers during the breastfeeding process, based on data from a sample of 133 respondents is discussed here. The respondents reported experiencing multiple challenges while breastfeeding their infants. Among the issues encountered, Low milk supply was the most prevalent problem, affecting 23.3% of the mothers. This was followed by breastfeeding aversion or difficulties at 16.5% and Mastitis at 15.8%. Other problems included poor latch with 18.8% of the respondents facing this challenge, cracked nipples at 14.3%, and plugged milk duct at 11.3%.

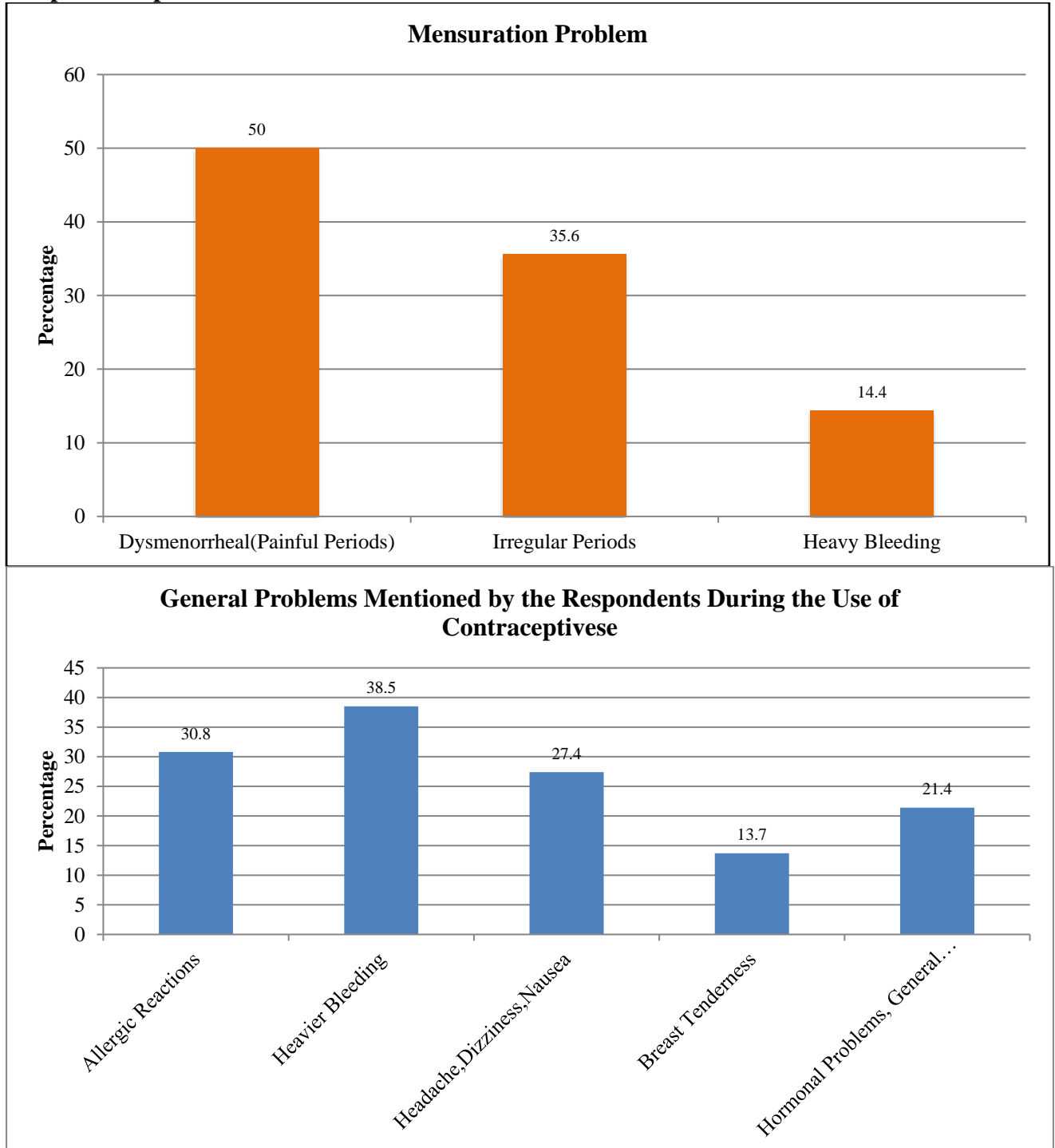
Table 2.1: Problems Faced by the Respondents

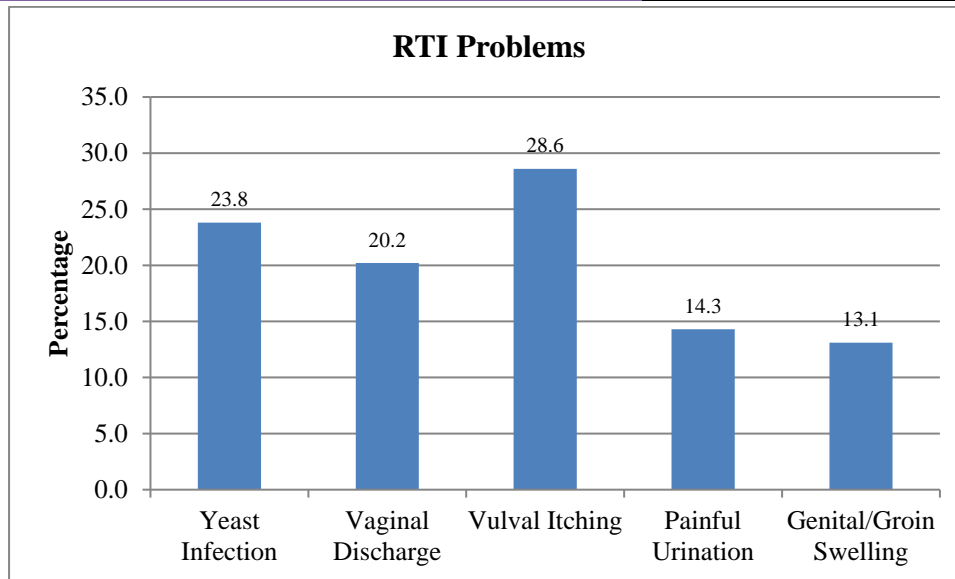
Menstruation Problem (N=220)	
	Percentage (%)
Yes	53.6
No	37.7
Not Answered	8.6
Menstruation Problem (N=118)	
Dysmenorrheal (Painful Periods)	50
Irregular Periods	35.6
Heavy Bleeding	14.4
Utilization of Contraception (N=220)	
Yes	53.18
No	46.82
General Problems Occured during the Use of Contraceptives (N=117)	
Allergic Reactions	30.8
Heavier Bleeding	38.5
Headache,Dizziness,Nausea	27.4
Breast Tenderness	13.7
Hormonal Problems, General problems	21.4
Reproductive Tract Infection Problems (N=220)	
Yes	38.2
No	51.4
RTI Problems (N=84)	
Yeast Infection	23.8

Vaginal Discharge	20.2
Vulval Itching	28.6
Painful Urination	14.3
Genital/Groin Swelling	13.1

Source: Primary Data

Graphical Representation





5. Result and Discussion

5.1 Menstruation

Mensuration is a natural monthly process in females, but some women experience premenstrual symptoms such as headaches, bloating, mood swings, and breast tenderness. More serious menstrual issues like heavy or light bleeding and absence of a menstrual cycle (amenorrhea) can occur, often due to underlying medical conditions. Seeking medical advice is important for proper diagnosis and treatment. The table 2.1 presents data on menstruation problems among the surveyed population. It indicates that 53.6% of respondents experienced menstruation problems, while 37.7% did not report any issues. The remaining 8.6% did not provide an answer. The most common problem reported was dysmenorrhea (painful periods), affecting 50% of respondents, followed by irregular periods at 35.6%. A smaller proportion of respondents (14.4%) reported having heavy bleeding.

5.2 Problems Occur While During Contraceptive Use

Unusual and rare experiences or complications associated with contraception can vary depending on the specific method used. These infrequent occurrences include allergic reactions to certain contraceptive methods, such as latex condoms, diaphragms, or spermicides, which may result in skin rashes, itching, or difficulty breathing. Some hormonal contraceptives, particularly those containing estrogen, slightly elevate the risk of blood clots, which can lead to conditions like deep vein thrombosis or pulmonary embolism. While highly uncommon, there is a small risk of ectopic pregnancy with methods like IUDs or contraceptive implants, where a fertilized egg implants outside the uterus, typically in the fallopian tube. Pelvic inflammatory disease, though rare, can be associated with certain contraceptive methods, particularly IUDs, and prompt treatment is crucial. Additionally, there is a very low risk of device expulsion or migration with methods like IUDs or implants, potentially reducing contraceptive effectiveness or requiring medical intervention. It is essential to remember that the occurrence of these rare experiences is significantly outweighed by the benefits of contraception in preventing unintended pregnancies. Decisions regarding contraceptive use should be made in consultation with healthcare providers who can provide personalized guidance based on individual circumstances and discuss the potential risks and benefits associated with specific methods. The table also showcases the utilization of contraception among the participants. It shows that 53.18% of the surveyed individuals reported using contraception, while 46.82% did not use any form of contraception. Additionally, the table provides information on general problems that occurred during the use of contraceptives. The percentages indicate the prevalence of specific issues. Allergic reactions were reported by 30.8% of respondents, heavier bleeding by 38.5%, and headache,

dizziness, and nausea by 27.4%. Breast tenderness was experienced by 13.7% of respondents, and hormonal problems and general problems were reported by 21.4%.

5.3 Reproductive tract infections

Reproductive tract infections (RTIs) have a significant impact on women's health, often without easily recognizable symptoms. They can be categorized into sexually transmitted diseases (STDs), endogenous infections, and iatrogenic infections. Untreated RTIs contribute to morbidity and mortality, leading to societal losses in various aspects. Another table focuses on reproductive tract infection (RTI) problems among a subset of respondents (N=84). It indicates that 38.2% of respondents reported experiencing RTI problems, while 51.4% did not. The most common RTI problems reported were vulval itching (28.6%), yeast infection (23.8%), vaginal discharge (20.2%), and painful urination (14.3%) and Genital/groin swelling was reported by (13.1%) of the respondents. Overall, these tables provide an overview of menstruation problems, contraceptive utilization, and reproductive tract infection problems among the surveyed population.

6. Conclusion

The research paper uncovers significant reproductive health challenges faced by rural women in backward communities, specifically in Duhukuriya and Deem villages in the Kusmi Block of Sidhi district, Madhya Pradesh. It sheds light on a wide range of reproductive health issues, including pre- and postnatal problems, menstrual disorders, reproductive tract infections (RTIs), breastfeeding complications, and childbirth-related challenges. The study reveals that access to recommended antenatal care (ANC) services was limited, with only 58.6% of the population utilizing ANC. Among those who did access ANC, a variety of problems were reported, such as vomiting, high blood pressure, anemia, and urinary infections. These findings underscore the need for improved access to healthcare services and targeted interventions during pregnancy. During childbirth, a significant percentage of respondents experienced premature delivery, excessive bleeding, infections, faintness, underweight babies, and other complications. These results emphasize the importance of proper medical care and support to minimize risks and ensure the well-being of mothers and infants. Postnatal care (PNC) utilization was also concerning, with 55.9% of respondents not accessing PNC services. Among those who did receive PNC, problems reported included postpartum hemorrhage, fever, low blood pressure, fatigue, breast problems, abdomen pain, and backache. These findings highlight the critical role of postnatal care in addressing the physical and emotional well-being of individuals after childbirth. Breastfeeding presented challenges, with respondents reporting poor latch, low milk supply, cracked nipples, mastitis, plugged milk ducts, and breastfeeding aversion or difficulties. Proper support, education, and guidance are necessary to ensure successful and comfortable breastfeeding experiences for both mothers and infants. The study also reveals a high prevalence of menstruation problems, with over half of the respondents experiencing dysmenorrhea (painful periods) and irregular periods. Contraception utilization was reported by slightly more than half of the surveyed individuals, while the remaining proportion did not use any form of contraception. Issues related to contraceptive use, such as allergic reactions, heavier bleeding, and various side effects were reported, indicating the need for better access to information and support regarding contraceptive methods. Reproductive tract infections (RTIs) was prevalent, with problems including yeast infection, vaginal discharge, vulval itching, painful urination, and genital/groin swelling. These findings emphasize the need for comprehensive reproductive health services that address and prevent RTIs.

The paper provides a comprehensive understanding of the reproductive health problems and challenges faced by rural women in underserved communities. The findings highlight the urgent need for targeted interventions, improved access to healthcare services, and comprehensive reproductive health programs. By addressing these challenges, policymakers and healthcare providers can work towards better reproductive health outcomes and improved well-being for women in these

communities. Efforts should focus on prioritizing reproductive health services, promoting education and awareness, addressing social and cultural factors, and conducting further research to develop evidence-based interventions and policies.

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