Knowledge, attitude and practices of reproductive health among early married women of urban slums of Lucknow, Uttar Pradesh.

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Abstract:

Background: Previous researches show that the women who are married before legal age , living in poor communities, belonging to the age group 15 to 24 years, face more reproductive health problems due to lack of sufficient knowledge. Objective: To know about the socio- demographic profile of target population. To access knowledge, attitude and practice level regarding reproductive health and association between knowledge, attitude and practice scores of the women who are living in the urban slums of Lucknow. Method: A cross sectional study was conducted among 253 early married women of the age 15- 24 years in the slums of Lucknow district. Results: Out of 253 respondents the majority of the respondents 211 (83.4%) were belonging to the 21-24 years age group, 230 (90.9%) were married at the age between 15-17 years, 169 (66.8%) Hindu, 122 (48.2%) OBC, 114(45.1%) illiterate, 208 (82.2%) home maker,nuclear family 158 (62.5%),146 (57.7%) were living on rent in the semi-pacca house 117 (46.2%). Majority of the respondents 119 (47%) were belonging to the III class. Majority of the women had low level of knowledge (91.7 %), negative attitude (79.1%) and poor practice (81.8%). There is an association between the score of knowledge and attitude (r=0.708, p<.01), knowledge and practice (r= 0.616, p<.01) and attitude score is associated with practice score (r=0.480, p<.01). Conclusion: There is low level of knowledge, attitude and practice of reproductive health among the study subjects.

Keyword: Reproductive health, knowledge, attitude and practice.

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I.   Introduction:

According to World Health Organization, "*Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so*."For maintaining Women's sexual and reproductive health, it is need to access the accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered for protecting themselves from sexually transmitted infections. They must have right to take decision on when to have children, have access to services that can help them for having a fit pregnancy, safe delivery and healthy baby [UNFPA].A women's reproductive health status is greatly influenced by the menarche during adolescence, beliefs and attitudes regarding menstruation and more importantly the behavior during the period [Fetohy et al, 2007]. Hence the reproductive health addresses the main key areas, menstruation, family planning, RTI and reproductive health respectively. Another aspect of the reproductive health is the age of marriage [Gaferi et al, 2018].In India, with nearly half of brides married as girls. Women who are married before legal age are more prone to face the violence, exposure to RTI and become pregnant as adolescents that results increased risk of delivery complications, maternal mortality and child mortality [UNICEF, 2016]. Whereas the incidence of the child marriage are declining nationally but the pace of change remains slow, in nearly all the states, especially in the age group 15-18 years. Uttar Pradesh is one of the states that have an incidence of child marriage higher than the national average [Census, 2011].Though Uttar Pradesh is considered as one of the less urbanized states of India but it has second largest urban population in the country. About 22% of the population lives in urban areas in Uttar Pradesh, which constitute more than 44 million. According to the statistics of committee on Slum Statistics/Census, 2011, Government of India, about 10.8 million urban population of Uttar Pradesh is living in slums, which constitute about 24% in urban population.Child marriage is linked with poverty and level of education. Slums lack basic amenities and health care facilities. Very little is known about reproductive behavior and use of family planning methods in slums [Hasan et al, 2017].One property that may drive this inference process is the degree to which the content of knowledge on which the attitude is based is directly relevant to the goal of the behavior [Fabrigar et al, 2006].Therefore the objectives of the present study wereto know about the socio- demographic profile of target population. To access knowledge, attitude and practice level regarding reproductive health and association between knowledge, attitude and practice scores of the women who are living in the urban slums of Lucknow.

Study design:A cross sectional study was conducted in the slums of Lucknow district.

Target population: Respondents who were married before legal age (18 years) and living in the Slums of Lucknow were targeted for the study. The age of the study subjects was decided by considering the prevalence of early married women as Child marriage prevalence is the percentage of women 20-24 years old who were married or in union before they were 18 years old (UNICEF, 2017) and the reproductive age of a women is 15-49 years (WHO, Report). Thus the study was conducted among 253 women, aged (15- 24 years) of urban slum who were married earlier (before 18years).

Sample size: The sample size was estimated based on the single proportion formula:

$$N = \frac{Z^2 pq}{d^2}$$

$$N = \frac{1.96^2 \times 0.80 \times 0.20}{(0.05)^2}$$

$$= \quad 245 + 25 \,(10\%)$$

$$= 270 \text{ sample size}$$

Where N is the required sample size, Z is the reliability coefficient at 95 % confidence interval (1.96), p is equal to 1-p, and d is the acceptable error (0.05).To the best of our work there is no available literature on previous work on KAP of reproductive health of early married women living in slums. Hence a pilot study was conducted to compute an estimate of the value of the p that later was applied to calculate the sample size.The followingshows the overall percentages of knowledge (79%), attitude (80%) and practice (78%), that have been calculated from our pilot studies. The value for p used in this study was (80%). Pilot study was not included in the actual survey. 25 women were included in the pilot study.

The value for p used in this study was 80%, which was obtained from the overall attitude score during the pilot study. The sample size obtained was 269. Only 253respondents were responded, giving a respond rate of 93%. 17 (7%) questionnaires were not included in the study due to missing data.

Sampling design: Early married women of the age (15-24 years) were a hard-to-reach population.Since localNGOs had established a relationship of trust with early married women of slums, hence a local and well-recognized NGO was contacted for the collection of data. The potential participants were recruited with the support of NGO. These organizations focus on the all Sexual and reproductive health issues of the women of reproductive age. They also run outreach teams and are in regular contact with a number of early married women living in slum throughout the city. A combination of convenience and snowball sampling techniques were used to recruit the participants in this study.

Study instruments: The data collection tool used for the study was an interview schedule that was developed at the Institute with the assistance from the faculty members and other experts of women's reproductive health. The pilot study was conducted among early married women who were living in the urban slum from more than six months and the questions were modified accordingly. The reliability of the knowledge, attitude and practice measuring items were checked by calculating the Cronbach alpha (α) test. The questionnaire was made up of four parts. In part I, questions were directed towards gaining information regarding Socio-demographic characteristics, while in part II, III and IV respectively, questions were asked regarding their KAP on the reproductive Health of women. Modified B. G. Prasad socio economic scale (2018) was used to measure the socio- economic status of the respondents.The respondents were asked about their knowledge, attitude and practice regarding thereproductive health of women. To get the Knowledge, attitude and practice score of total reproductive health the questions in the

scheduled questionnaire addressedfour main areas; Menstruation, Family Planning, RTI and Reproductive Right.The study questionnaire was initially translated in the English language, which was translated to Hindi for better understanding of the participants and back-translated to improve validity.

II. Operational definitions to find out the KAP score

Part II; Knowledge

There were 63 questions in this part and the respondents were asked regarding their knowledge of reproductive health of women. Each question contains 1 point for positive response and 0 for negative response. Each question has two choices; Yes and NO. A correct answer was given 1 score where as a 0 score was given for a wrong answer. The overall knowledge of the study participants was accessed using the sum score of each outcome based on bloom's cut off point. The scores were classified into 3 level as follow Bloom's cut off point, High level Knowledge if the score was above 51 points (80%), Moderate if theknowledge score was 38-50 points (60% - 79%) and Low if the score was less than 37 points (< 59%).

Part III; Attitude:

Overall attitude included 63 itemsto access the perception or outlook regarding reproductive health problems, causative factors and preventive measures ofreproductive health. All individual answers were summed up for total scores and calculated for means percent. The scores were classified into 3 levels (Positive Attitude, Neutral attitude and Negative Attitude) according to Bloom's cut off pointthe positive attitude score that fell above 50 points (80%), neutral attitude score that fell between 38-50 points (60% - 79%) and negative attitude score that fell below37 points (less than 59%).

Part IV; Practice:

It is the overt behavior, habit or custom that a person does, follow up or carry out in her daily life in prevention of reproductive health. It was measured based on previous health seeking behavior, decisions and action taken to prevent Sexual and reproductive health, 55questions were used to access the experience and action of the respondent. Each question contains 1 point for positive practice and 0 for negative life style practices. The total response score was 55 point and classified in to 3 according to Bloom's cut off point as practice score that fell above 43 points (80%) is good practice,practice score that fell between 33- 43 points (60% - 79%) is fair practice and practice score that fell below 32 points (less than 59%) is poor practice.

Data collection procedure: The investigator of this study informed and motivated the individuals to participate in the study. Further, the participants were explained about the purpose of conducting the study individually prior to the initiation of the recruitment process. The investigators then personally collected the responses by interview schedule. The participants were ensured about the strict confidentiality of their data and

ensured that this data will be used only for research purpose and will not be divulged or utilized for any other purposes. Then informed consent was taken from each of them individually prior to the initiation of the study.

Inclusion criteria: Early married women aged 15 – 24 years who were living in urban slums from more than six months were included in the study.

Exclusion criteria: Non consenting, non-co-operative women were not recruited in this study.

Statistical analysis used: The collected data was entered into SPSS, version 20 sheets and analyzed. Data was presented in the form of tables. Frequency, mean Standard deviation and correlation were used for the analysis of data.

III. Results:

Table-1 expresses that out of 253 early married women living in the urban slum, the majority of the respondents 211 (83.4%) were belonging to the 21-24 years age group and very less 42 (16.6%) in the age group of 15-20 years. The mean age of the respondents was 21.50 ± 2.096. Majority of the women 230 (90.9%) were married at the age between 15-17 years with mean score (16.9 ± 1.128). Most of the women were OBC 122 (48.2%) followed by SC 96 (37.9) and very less 14 (5.5%) were ST. Most of the women were belonging to Hindu 169 (66.8%) and rest of them were Muslim 84 (33.2%); a good number were not educated 114(45.1%) who were mainly home maker 208 (82.2%). Most of the respondents were belonging to the nuclear family 158 (62.5%). Majority of the respondents146 (57.7%) were living on rent in the semi-pacca house 117 (46.2%) followed by pacca house 89 (35.2%). Majority of the respondents 119 (47%) were belonging to the III class followed by IV class 82 (32.4) and very less no of the respondents 3 (1.2%) were belonging to the V class.

Table-1: Socio- demographic Profile of the Respondents			
Item	**Category**	**Number**	**Percentage**
Age	15-20	42	16.6
	21-24	211	83.4
Marriage age	12-14	23	9.1
	15-17	230	90.9

Caste	Gen	21	8.3
	OBC	122	48.2
	SC	96	37.9
	ST	14	5.5
Religion	Hindu	169	66.8
	Muslim	84	33.2
Education	No education	114	45.1
	Primary	49	19.4
	Secondary	72	28.5
	Higher	18	7.1
Occupation profile	Working	45	17.8
	Home maker	208	82.2
Type of family	Joint	95	37.5
	Nuclear	158	62.5
Ownership of house	Rented	146	57.7
	Own	107	42.3
Type of house	Kaccha	47	18.6
	Pacca	89	35.2
	Semi pacca	117	46.2
Socio-economic class	I	4	1.6
	II	45	17.8

	III	119	47.0
	IV	82	32.4
	V	3	1.2

Table-2: Level of Knowledge, Attitude and Practice score of reproductive health					
	High	Average	Low	Mean	Std. deviation
Knowledge	3 1.2%	18 7.1%	232 91.7%	25.06	8.017
Attitude	7 2.8%	46 18.2%	200 79.1%	30.38	9.032
Practice	3 1.2%	43 17.0%	207 81.8%	24.35	8.221

Table- 2 reveals theknowledge, attitude and practice level.The knowledge Score of total reproductive health(mean= 25.06;SD=8.017; n =253) 91.7 (n=232) of the respondents scored in the low knowledge, followed by average Knowledge 7.1% (n=18). High level of knowledge was very low 1.2% (n=3). The attitude Score of total reproductive health (mean= 30.38;SD=9.032; n =253). 79.1% (n=200) of the respondents scored in the negative attitude, followed neutral 18.2% (n=46). Positive attitude was very low 2.8% (n=7). The practice score of total reproductive health (mean=24.35; SD= 8.221; n= 253), 81.8 % (n=207) of the respondents scored in the poor practice range while 17% (n=43) followed fair practice. Only 1.2 % (n=3) fell in the category of good practice.

Table-3 illustrates, Pearson's coefficient correlation between knowledge and attitude was found to be highly significant (r=0.708, p<.01) along with a strong and significant association with practice (r= 0.616, p<.01). When attitude score was correlated with knowledge score and practice score a significant positive correlation was observed with the value (r=0.708 and r=0.480) respectively at p<.01significance. There was a strong and significant association with knowledge, attitude and practice.

Table-3: Correlation between total knowledge attitude and practice score of reproductive health				
		Knowledge	**Attitude**	**Practice**
Knowledge	Pearson Correlation	1	.779**	.440**
	Sig. (2-tailed)		.000	.000
	N	253	253	253
Attitude	Pearson Correlation	.779**	1	.396**
	Sig. (2-tailed)	.000		.000
	N	253	253	253
Practice	Pearson Correlation	.440**	.396**	1
	Sig. (2-tailed)	.000	.000	
	N	253	253	253
**. Correlation is significant at the 0.01 level (2-tailed).				

Table- 4: Association between practice of Menstruation, Family Planning, RTI and Reproductive Right					
		Practice of Menstruation	**Practice of Family Planning**	**Practice of RTI**	**Practice of Reproductive Right**
Practice of Menstruation	Pearson Correlation	1	.063	.166**	-.100
	Sig. (2-tailed)		.320	.008	.111

	N	253	253	253	253
Practice of Family Planning	Pearson Correlation	.063	1	.349[**]	.302[**]
	Sig. (2-tailed)	.320		.000	.000
	N	253	253	253	253
Practice of RTI	Pearson Correlation	.166[**]	.349[**]	1	.392[**]
	Sig. (2-tailed)	.008	.000		.000
	N	253	253	253	253
Practice of Reproductive Right	Pearson Correlation	-.100	.302[**]	.392[**]	1
	Sig. (2-tailed)	1	.063	.166[**]	-.100
	N	253	253	253	253
**. Correlation is significant at the 0.01 level (2-tailed).					

Table- 4, depicts, Pearson's coefficient correlation between practice of menstruation and practice of RTI was found to be highly significant (r=0.166, p<.01). In our study it was observed that there is a strong and significant association with practice of Family Planning with RTI and practice of reproductive right (r= 0.349, p<.01 and r=0.302, p=<.01) respectively. When practice of Reproductive Right score was correlated with practice score of RTI a significant positive correlation was observed with the value (r=0.392) at p<.01significance. However no significant association was found between the practices of reproductive right and practices of menstruation.

IV. Discussion:

No similar study was conducted like present study. According toCensus, 2011 there is an association between education and child marriage. Most of the women who are early married were illiterate. The age of marriage is increased as the level of education is increased. Almost similar findings were observed in our study as more than half of the study population is not educated and very few were obtained higher education. In our study no

participant was married before age of 15 years. This finding is supported by the report of Girls Not Brides organization, 2019that the Indian girls are marrying before the age of 15 year, rates of marriage have increased for girls between ages 15 to 18. Gaferi, 2018, conducted a study among female adolescents to knowknowledge, attitude and practice related to reproductive health, concluded that female adolescents had unsatisfactory knowledge, inadequate hygiene practices, and positive attitudes toward reproductive health.In our study it was reported that the respondents' level of knowledge, attitude and practice regarding reproductive health was very low.It is also noticed that the knowledge, attitude and practice regarding reproductive health is associated with one another.There is a strong correlation between practices of RTI and practices of family planning. The similar findings were recorded by Ratnaprabha et al 2015, Kafle and Bhattarai, 2016 and Chaudhary et al, 2019. Menstrual practices and RTI practices are associated significantly. Studies conducted by Anand et al 2015, Ratnaprabha et al 2015 and Torondel et al, 2018 have given the similar findings in their study.

V.   Conclusion:

To summarize, the present study provides a picture of the level of knowledge, attitude and practice reproductive health of early married women who are living in urban slums of Lucknow. There was low level of knowledge, attitude and practice regarding reproductive health among early married women. There exists an association between knowledge, attitude and practices of reproductive health. In present study an association between practice of menstruation andpractice of RTI, practice of family planning with practice of RTI and reproductive right is recorded. This emphasizes the need formore activities that can increase knowledge and promote positive practices of reproductive health among early married women who are living in slums.

Reference:

1. Anand E. SinghJ. Unisa S. Menstrual hygiene practices and its association with reproductive tract infections and abnormal vaginal discharge among women in India, 2015 Dec; 6(4):249-54.

2. Census. 2011. https://censusindia.gov.in/2011-common/censusdata2011.html. Retrieved on 7/8/2020

3. Chaudhary N. Rajkumar K. Singh M. Agarwal J. and QureshiS.Prevalence of reproductive tract infections in women attending a tertiary care center in Northern India with special focus on associated risk factors, Indian Journal of Sexually and Transmitted Diseases and AIDS. 2019. 40(2): 113–119.

4. Fabrigar L R. Richard E P and Steven M S. Understanding the knowledge effects on attitude behavior consistency: the role of relevance, complexity and an amount of Knowledge. Journal of personality and Social Psychology. 2006. 90(4)556-77.

5. Fetohy EM. Impact of a health education program for secondary school Saudi girls about menstruation at Riadh city. J Egypt Public Health Association. 2007. 82 (1-2):105-26. PMid:18217327).

6. Gaferi SM. Harbi MA. Yakout SM. Aziza Soliman. Knowledge, attitude and practice related to reproductive health among female adolescents. Journal of Nursing Education and Practice. 2018. 8(8): 53.

7. Hasan A. Singh MK. Khan AA. Fertility behaviour and contraceptive use in urban slums of district Gorakhpur. International Journal of Community Medicine and Public Health. InternationalJournal of Community Medicine and Public Health. 2017.4(12):4702-470. http://www.ijcmph.com pISSN 2394-6032.

8. Kafle p. and Bhattarai SS. Prevalence and Factors Associated with Reproductive Tract Infections in Gongolia Village. Rupandehi District, Nepal. Hindawi Publishing Corporation. Advances in Public Health Volume 2016. Article ID 8063843, 5 pages.

9. Ratnaprabha GK, Thimmaiah S, JohnsonA R, Ramesh N. Prevalence and awareness of reproductive tract infections among women in select underprivileged areas of Bangalore city. International Journal of Medical Science and Public Health. 2015. Vol. 4 (12).

10. Torondel B. Sinha S. Mohanty J R. Swain T. et al.Association between unhygienic menstrual management practices and prevalence of lower reproductive tract infections: a hospital-based cross-sectional study in Odisha, India. National library of medicine, National center for biotech, 2018. 21;18 (1):473.

11. UNICEF. Child Marriage.http://unicef.in/Whatwedo/30/ChildMarriage. Retrieved on 11/29/2016.

12. Girls Not Brides. India Child Marriage around the World. https://www.girlsnotbrides.org/. Retrieved on 27/4/2019.

13. UNFPA. https://www.unfpa.org/sexual-reproductive-health retrieved on 7/8/2020.

14. World health organization. https://www.who.int/westernpacific/health-topics/reproductive-health). Retrieved on 7/8/2020.