Understanding Women's Reproductive Health Needs in the Urban Areas of Manipur

Thounaojam Sunitibala Devi
Department of Sociology, Waikhom Mani Girl's College Thoubal Okram, Manipur-795138, India.

Abstract

Improving women's health matters to women, to their families, communities and societies at large. Good health of women is vital for their life and well-being and their ability to participate in all areas of public and private life. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives.

This paper examines the knowledge on reproductive health and developmental needs of women in the urban areas of Manipur. A semi-structured interview schedule is used to collect data from 300 women in the Imphal East and Imphal West districts of Manipur.

It is revealed that majority of the women respondents are health conscious and has awareness regarding contraception, HIV/AIDS, etc. Another revelation is that most of them are found to visit doctor only when their illness is serious. Despite the respondents being literate, there are number of women who indulge in unhygienic practices (menstruation), believe in certain myths that diseases can be cured by priest or traditional healers and offering to Gods and Goddesses. The greatest barrier to these women is poverty combined with carelessness and lack of proper knowledge and decision making power that may lead to serious reproductive health consequences.

KEYWORDS: Reproductive health, Family, HIV/AIDS, Women

INTRODUCTION

The health of women is said to be related to the socio-economic status of the households to which they belong and their age and marital status within the household. There is discrimination against girls resulting from son preference, as sons are expected to care for parents in their old age. Further, Indian women have low levels of education, limited power over their own sexual and reproductive lives and lack of influence in decision-making. They have been living under the control of first their fathers, then their husbands, and finally their sons. Women thus starting from their childhood days are less likely to get good care, food and necessary nutrition, excess to health care and education, which later on may have reproductive health consequences.

In India, generally women marry at a very young age with no knowledge of reproductive and sexual health. Poor nutrition leading to anaemia combined with lack of knowledge of reproductive health and family planning services often force women to too many or too closely closed births. This is said to be one of the reason for the high Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), low-birth weight babies, high fertility

rate, etc. that occurred during the reproductive age of women in India. The incidences of MMR, IMR along with educational backwardness of women results in low socio-economic status of women and limit their access to education, good nutrition, family planning and health care services.

All these conditions adversely affect not only the health of women themselves but also the well-being of their children. This is because the health of women plays an important role in determining the health of the future population. Women in poor health are also most likely to pass on the same health condition to their children. Women's poor health also affects the economic well-being of the household, as they will be less productive in the labour force.

The present paper is an attempt to examine how far women of Manipur are benefited from the Governmental Policies and Programmes by looking into their socioeconomic political background, their health and reproductive health needs, level of awareness regarding contraception and decision-making.

MATERIALS AND METHODS

This study is exploratory cum diagnostic in nature. The study is based on both primary and secondary sources of data. Selection of universe in terms osef area and in terms of the respondents has been done by adopting multistage random sampling. In terms of area, Imphal East and Imphal West districts of Manipur state has been selected for the purpose of study. A semi-structured interview schedule is used to collect data from married women. The total sample size consists of 300 respondents.

The semi-structured interview schedule consisted of independent and dependent variables such as their hygienic practices, knowledge about medical check-up during and post pregnancy, their health and reproductive health needs, level of awareness regarding contraception and decision-making age, knowledge about HIV/AIDS, etc.

RESULTS AND DISCUSSION

Socio-Economic Characteristics

The age and educational status of the respondents are presented in table 1. In the selected sample for study, ever married women in the reproductive age groups are included in order to have a thorough investigation. From the table, it is observed that about 32.33 per cent of the respondents belong to the age group 25-29 years and followed by 30-34 years (23.67 per cent). A very small proportion (2.33 percent) belongs to the age group 15-19 years. It is also observed that a majority of respondents (82 per cent) are literate and of the total educated respondents about 34.95 per cent of them are educated up to graduate level while 21.95 per cent up to high school level, 19.51 per cent up to secondary level, 12.6 per cent up to middle level, 6.09 per cent are post-graduates, nearly 3 per cent up to primary level and 2.03 per cent are into technical line.

Table 1: Distribution of respondents according to their Age Group and Educational Status

Age of Respondents	
Age group	**No. of respondents**
15 – 19	7(2.33)
20 – 24	28(9.33)
25 – 29	97(32.33)
30 – 34	71(23.67)
35 – 39	42(14.00)
40 – 44	35(11.67)
45 – 49	20(6.67)
Total	**300(100.00)**
Educational Background of Respondents	
Educational Status	**No. of respondents**
Illiterate	54(18.00)
Literate	246(82.00)
Total	**300(100.00)**
Levels of Education	
Primary	7(2.84)
Middle	31(12.60)
High school	54(21.95)
Secondary	48(19.51)
Graduates	86(34.95)
Post-graduate	15(6.09)
Technical	5(2.03)
Total	**246(100.00)**

Note: Figures in parenthesis are in percent. The same will be applicable to all the tables presented in the study.

Table 2 shows the marital status and occupational background of the women respondents. It is observed from the table that all the respondents are married and about 82 per cent are currently living with their husband while 39 per cent are widow, 3 per cent are separated and 2 per cent are divorced.

Table 2: Distribution of respondents according to Marital Status and Occupation

Marital Status	**No. of respondents**
Currently living with husband	246(82.00)
Unmarried	0(0)
Divorced	6(2.00)
Widowed	39(13.00)
Separated	9(3.00)
Total	**300(100.00)**
Occupation of Respondents	
Work status	**No. of respondents**
Working outside	230(76.67)

Housewife	70(23.33)
Total	**300(100.00)**
Types of occupation	**No. of respondents**
Service	93(40.43)
Agriculture	44(19.13)
Wage earner	61(26.52)
Others*	32(13.92)
Total	**230(100.00)**

* artists, shopkeepers, etc.

It is also observed from the table that about 76.67 per cent of respondents are working outside aside their household work while 23.33 per cent of them are housewives. As far as occupational pattern of the respondents is concerned, it is revealed that most of the respondents, i.e., about 40.43 per cent of them are in service, 26.52 per cent of respondents are wage earner, 19.13 per cent in agriculture and the remaining small percentage 13.92 per cent of them are in other activities like artists, shopkeepers etc.

Health Profile of Respondents

Use of Material during Menstruation

In this section the first variable taken up is to find out what type of material the respondents use during menstruation i.e., sanitary pads/napkins or the traditional way of using cloth. The attempt is to explore their awareness level regarding hygienic practices and whether they are following certain myths and taboos relating to menstruation. Maintaining hygienic practices during menstruation is very important and if it is not followed may lead to various severe gynaecological problems.

Table 3: Distribution of respondents according to their use of material during Menstruation

Material Used	No. of respondents
Sanitary pads/napkins	60 (26.67)
Cloth	220 (73.33)
Total	**300 (100)**

It is observed from table 3 that about 73.33 per cent of the respondents are not aware about the hygienic practices they should maintain as they are following the traditional method of using cloth during menstruation. Other unhygienic practice found is the reuse of the same cloth in the next menstruation by washing, drying and keeping it away from the sight of male members in the family. This practice may prove dangerous as far as their health is concern. Further findings indicate that they still follow myths and restrictions related to menstruation such as not eating certain fruits and vegetables, not touching kitchen utensils and male members, not taking bath during the whole five days of menstruation, etc.

While some of the respondents 26.67 per cent are aware of the consequences so they are found using sanitary pads or napkins maintaining the hygienic way. However,

even after knowing the ill-effects of the unhygienic practices are helpless because of poverty as most of the respondents do belong to poor families.

Women having gynaecological illness

A perusal of table 4 shows that about 25 per cent of the respondents are having gynaecological illness while 75 per cent of them do not suffer from it. It is observed that 46.47 per cent respondents are still suffering from it while 53.33 per cent are already cured. About 49.33 per cent consulted government doctor, 40.00 per cent received treatment from private doctor and 10.67 per cent of the respondents consulted priest to cure their illness.

It can be concluded that some of the respondents are suffering from gynaecological problems, of which majority of them are cured and the rest are still suffering from it. It can also be summed up here that majority of those who are already cured from the illness mentioned above received treatment from government doctors.

Table 4: Distribution of Respondents according to Women having Gynaecological Illness

Responses	**No. of respondents**
Yes	75 (25.00)
No	225 (75.00)
Total	**300 (100)**
Still suffering from it	
Yes	35 (46.67)
No	40 (53.33)
Total	**75 (100)**
Received health services from	
Government doctor	37 (49.33)
Private doctor	30 (40.00)
Priest	8 (10.67)
Total	**75(100)**

Another myth that is found to be followed by some of the respondents is the practice of consulting priest in order to cure their illness. It is strange to know that they still believe in consulting priest to solve their health problems. Thus, they need to go a long way to realise that there are various other advance services and methods available to deal with their illness.

Antenatal Check-up during Pregnancy

Antenatal care provides the opportunities for regular checkups during pregnancy to prevent any risks that could affect both the woman and the baby. Throughout human history, pregnancy and childbearing have been a major cause of death and disability among women. This risks that women carry can be prevented if timely health care interventions is given with the necessary skills, equipment and medicines so as to prevent and manage complications. Maternal mortality i.e., the death of a woman during

pregnancy, delivery and postpartum period, is said to be a key indicator of women's health and status.

Table 5: Distribution of respondents according to their Antenatal Check-up during pregnancy

Responses	No. of respondents
Yes	273 (91.00)
No	27 (9.00)
Total	**300 (100.00)**

A perusal of table 5 shows that 91 per cent of respondents go for antenatal check-up during pregnancy while the remaining 9 per cent do not go for it.

We can here conclude that majority of respondents go for antenatal check-up during pregnancy showing that majority of them are health conscious and fully utilise the available health services. However, some of the respondents do not feel the need to go for such kind of checkups either because of ignorance, carelessness, lack of time, poverty etc.

Types of Health Facility Visited for Routine Check-up during Pregnancy

Table 6 shows the health facility visited by respondents for routine check-up during pregnancy. It can be seen from this table that 49.33 per cent of respondents visited public medical centre, while, about 31 per cent visited private medical centre and 19 per cent visited others.

Table 6: Distribution of respondents according to the Health Facility Visited for routine check-up during pregnancy

Health facility visited	No. of respondents
Public medical centre	148(49.33)
Private medical centre	95(31.67)
Others*	57(19.00)
Total	**300(100.00)**

* Priest, etc.

In sum, we can say that majority of respondents visited public medical centre during their antenatal check-up during pregnancy. It is also found that some of the Manipuri women went to visit priest for their antenatal care. Thus, one can see that modern health care services and traditional way/method is going side by side in Manipuri society.

Place of Giving Birth to Child

Complications during pregnancy and childbirth are the leading causes of death, disease and disability among women of reproductive age in developing countries. Place of birth and types of assistance during birth have an impact on maternal health and mortality. Births that take place in non-hygienic conditions of births that are not attended

by trained medical personal are more likely to have negative outcomes for both the mother and the child. WHO in a report in 2000, reported that every day at least 1,600 women die from complications of pregnancy and childbirth, amounting to at least about 585,000 women dying each year.

Table 7 shows that most of the respondents about 64.67 per cent give birth at government hospital, 25 per cent at private hospital and 10.33 per cent at home.

Table 7: Distribution of respondents according to the Place of Birth of Child

Responses	No. of respondents
Government Hospital	194 (64.67)
Private Hospital	75 (25.00)
Home	31 (10.33)
Total	**300 (100.00)**

In sum, it can be concluded that majority of respondents are in favour of giving birth to a child at hospital which is a good sign because delivery care ensures that obstetric emergencies are effectively managed that can safe many a women's life. We can also see some of the women who because of poverty, lack of knowledge, physical inaccessibility or carelessness do not go to a hospital but give birth to their child at home only.

Post-natal Check-up:

Postnatal care is important for detecting and treating infections and other risky conditions that may arise because of childbirth such as depression and also other advice that women may get on family planning.

It has been observed from table 8 that a majority of the respondents 82 per cent of respondents go for post-natal check-up. This indicates that women in Manipur are aware about the various risks – the woman and child may face after childbirth. At the same time we cannot say that all the women in Manipur are taking care of their health because 18 per cent of them do not go for postnatal care because of carelessness, lack of time, poverty, no one to give company, distance far away etc.

Table 8: Distribution of Respondents according to their Post-natal Check-up

Responses	No. of respondents
Yes	246(82.00)
No	54(18.00)
Total	**300(100.00)**

Practice of Family Planning

The use of effective contraceptive methods would enable women to achieve the desired number of children and help in reducing the number of unwanted pregnancies (Government of India, 2001). When women can time and space their pregnancies,

families are smaller and more prosperous and children are healthier and better educated. There is a dramatic shift in the initiation of contraceptive use all over the country and the demand for its effective use is expected to increase further in the coming decades, with the increase in the reproductive age groups. It was reported that due to the absence of an ideal method one out of every five women, abort an unwanted and unplanned pregnancy (Mittal, 2003).

The contraceptive prevalence rates vary widely between regions, socio-economic groups, etc. (Khan and Prasad, 1983). Various factors such as income, education, number of living children, and age are known to be important determinants of knowledge and use of contraception. Women under age 30 years or who have two children or one son or are illiterate practice any form of contraception whereas the rates rise among women who are above 39 years with four or more children or two or more living sons, or matriculates with ten years of schooling (Chatterjee, 1990).

Knowledge Regarding Contraception

A perusal of table 9 shows that a majority of the respondents (87.81 per cent) are having knowledge on contraception, while only 12.19 per cent are ignorant of it. Among the respondents who are having knowledge about contraception, about 43.49 per cent heard about sterilisation, followed by 32.92 per cent (condom), 24.79 per cent (Copper-T), 16.66 per cent (pills), 2.84 per cent (periodical), and 1.21 per cent (withdrawal).

Table 9: Distribution of respondents according to their Knowledge of available Contraceptives

Knowledge on contraception	**No. of respondents**
Yes	216 (87.81)
No	30 (12.19)
Total	**246 (100.00)**
Contraceptive ways heard about	
Copper-T	10 (24.79)
Sterilisation	98 (43.49)
Condom	81 (32.92)
Pills	41 (16.66)
Withdrawal	3 (1.21)
Periodical	13 (2.84)
Abstinence	0 (0.00)
Total	**246 (100.00)**

Currently living with husband.

Thus, majority of respondents are aware of the various available contraceptives and among the respondents, sterilisation is the method which most of them have heard about while least number of them heard about withdrawal.

Contraceptive Ways Ever Used

The distribution of respondents by their ever used of contraceptive methods is given in table 10. A perusal of the table shows that about 47.97 per cent of respondents never used contraception while a little more than 50 per cent of the respondents are current contraceptive users. Though earlier revelations suggest maximum heard about sterilisation method, the present table shows that among the current users, copper-T heads the list of the available contraceptive method they ever use while least number of them uses periodical method.

Table 10: Distribution of respondents according to their use of various available Contraceptives

Ever used Contraceptives	No. of Respondents	Percentage to Contraceptors	Percentage
Nil	118	-	47.97
Copper-T	42	32.82	17.07
Condom	36	28.12	14.64
Pills	32	25.00	13.02
Sterilisation	15	11.72	6.09
Periodical	3	2.34	1.21
Abstinence	-	-	
Total	**246**	**100**	**100**

Opinion on Using Contraceptive Ways according to Respondents

Table 11 shows the opinion of respondents and of their husbands' (according to the respondents), on the use of contraception. It is observed that a majority of 60.57 per cent respondents approves of using contraceptive methods while only 42.27 per cent of respondents' husband approves its usage. Again according to the respondents, they did not know whether their husband (34.14 per cent) approved or disapproved the use of contraceptive methods. This clearly shows the wide communication gap regarding their sexual life.

We can however conclude that more number of respondents approves of using various available contraceptive methods as compared with respondents' husband.

Table 11: Distribution of respondents according to their opinion and their Husbands on Using Contraceptive ways

Opinion	Respondents'	Percentage to the total	Respondents' Husband	Percentage
Approves	149	60.57	104	42.27
Disapproves	97	39.43	58	23.59
Don't know	0(0.0)	0(0.0)	84	34.14
Total	**246**	**100**	**246**	**100**

Talked About Family Planning with Husband

A perusal of the above table 12 shows how often the respondents talks about family planning with their husband. It is observed that 30.9 per cent of respondents never talks about family planning with their husband, while 50.00 per cent of them talks once or twice and 19 per cent of them talks more often.

Table 12: Distribution of respondents on talking about Family Planning with husband

Responses	No. of respondents	
Never	76	(30.90)
Once or twice	123	(50.00)
More often	47	(19.10)
Total	**246**	**(100.00)**

In conclusion, we can say that half of them talks about family planning with their husband only once or twice while least number of them talks more often about it. This indicates the absence of communication between the respondents and their husbands and it is obvious that women have no say in decision relating to their sex life.

Beliefs in Illness Cured by Offering to Gods and Goddesses

A perusal of table 13 shows that about 53 per cent of the respondents do not believe that diseases can be cured by offering to Gods and Goddesses while at the present age, still some of the respondents 29.34 per cent believes to some extent and 17.66 believes in it totally. The table thus indicates that when majority of the respondents do not believe in diseases cured by offering to Gods and Goddesses, there are number of women who are following this belief at the same time. Here we can say that tradition and modernity is going side by side.

Table 13: Distribution of Respondents according to their belief on curing illness by offering to Gods and Goddess

Responses	No. of respondents
Believe	88 (17.66)
Don't	159 (53.00)
Only to some extent	53 (29.34)
Total	**300 (100.00)**

Reasons for Consulting Doctor

To look into how the respondents care for their health, an attempt is made to examine whether they go for normal check up or not. It is revealed from the table that about 65.67 per cent of respondents do not care about their health but consulted a doctor only when they fall ill and their illness is serious.

Table 14: Distribution of respondents according to their belief on curing illness by offering to Gods and Goddess

Responses	No. of respondents
When illness is serious	197 (65.67)
For usual check-up	103 (34.33)
Total	**300 (100.00)**

Further, the respondents reveal that they never think of visiting a doctor only for usual checkup but they do self medication if their illness is not serious. Some do not have time, while others have shortage of money. So in such situation they hardly think of going for a usual checkup. However, 34.33 per cent of them went only for usual check-up as also shown in the table. This clearly indicates that some of the women respondents do go for usual checkup but majority do not do so.

Awareness of respondents on AIDS, STDs, RTIs etc.

A perusal of table 15 shows that an overwhelming majority of 98 per cent of the respondents are aware of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndromes (HIV/AIDS) while 2 per cent are ignorant about it. About 66.67 per cent of them are also aware of Sexually Transmitted Diseases (STDs) while 33.33 per cent are not aware of it. It is also revealed that 76.66 per cent of the respondents are aware of Reproductive Tract Infections (RTIs) whereas 23.33 per cent of the respondents do not know about it.

Table 15: Distribution of respondents according to their awareness on HIV/AIDS, STDs, RTIs

Awareness on	Yes	No
HIV/AIDS	294 (98.00)	6 (2.00)
STDs	200 (66.67)	100 (33.33)
RTIs	230 (76.66)	70 (23.33)

In sum, we can say that majority of respondents know about HIV/AIDS. One important reason why majority of them are aware is because HIV/AIDS is very much rampant in Manipur. Many of the families in Manipur lost a father, a husband, a brother, or a son because of HIV/AIDS, which is a big problem of the hour. That is why only 2 per cent of the respondents are found not having awareness on the said issue. However, regarding STDs and RTIs, many women are not aware of it at all which is a serious issue to be look into concerning their health.

Awareness of Respondents to Avoid AIDS

It is observed from table 16 that 67 per cent of the respondents are of the idea that AIDS can be avoided while 13.67 per cent think it otherwise and 19.33 per cent of them have no idea about its avoidance. In conclusion, we can say that majority of respondents think that AIDS can be avoided while the rest do not have idea. When majority is having awareness on what AIDS is, they do not know much about its avoidance. There is an

urgent need to give those women who lack knowledge about its avoidance in order to stop the further spread of HIV/AIDS.

Table 16: Distribution of responses according to their awareness to avoid HIV/AIDS

Responses	No. of respondents
Yes	201 (67.00)
No	41 (13.67)
Don't know	58 (19.33)
Total	**300 (100.00)**

CONCLUSION

The present paper has focussed on many issues relating to the reproductive health of women in the reproductive age group in Manipur. Women are found to have low socioeconomic status. Important revelations regarding the health status of women shows that majority is health conscious and has awareness regarding contraception, HIV/AIDS etc. Majority of the respondents going for antenatal and post natal care proves it. At the same time, a shocking revelation is that most of them are found to visit doctor only when their illness is serious. Further, it is found that despite the respondents being literate, there are number of women who indulge in unhygienic practices (menstruation), believe in certain myths that diseases can be cured by priest or traditional healers and offering to gods and goddesses and so such women with this belief keep themselves away from consulting doctor. The greatest barrier to these women is poverty combined with carelessness and lack of proper knowledge and decision making power that may lead to serious health consequences. It is also shocking to know that when majority of the women are literate, earning and contributing to their family; they are having little say in important areas of decision making such as sexual life, use of contraception, number of children she wish to have in future, permission in consulting doctors and visiting relatives, etc. Chatterjee posits five barriers that stand between women and their access to health care services such as need, perception of need, permission, ability and availability (Chatterjee, 1991). These barriers are either directly or indirectly controlled by the family and are often denied to women in various societies.

To conclude, we can say that despite the government policies and programmes, majority of women in Manipur are not empowered and not receiving the health services well. However, there are also women who are empowered and enjoying an independent and healthy life because of their high socio-economic position. So until and unless women realise their subordinate position and know their values, they would not be able to break away from the various restrictions and the dependency that the traditional system of society has to offer.

REFERENCES

Chatterjee, (1991): *Gender and Poverty in India*, Word Bank, Washington.

Chatterjee, Meera, (1990): *109, Word Bank Discussion Papers*, Indian Women: Their Health and Economic Productivity, the World Bank, Washington, D. C.S

Government of India (2001): *Women and Men in India*, Central Statistical Organisation, Ministry of Statistics and Programme Implementation,.

Khan, M. E. and C. V. S. Prasad, (1983), *Family Planning Practices in India*- Second All- India Survey, Operations Research Group, Baroda.

Mittal, Suneeta, *et. al*., (2003), *Socio-Demographic Profile of Emergency Contraceptive Users*, Journal of Family Welfare, Vol. 49, No. 2, December.