

KNOWLEDGE AND PRACTICE ABOUT REPRODUCTIVE HEALTH OF MUSLIUM WOMEN IN PATHRAIYA

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Abstract

The study entitled “Reproductive Health Status of Muslim Women in Kailali Districts” was to find out the general knowledge and practice about some components of reproductive health. the respondents of this study was Muslim married women who are in reproductive age group. There are 24 household of Muslim in Patharaiya VDC ward no. 1 and 4, total household were selected for data collection each women from each household was selected for respondents.

Analysis of data reveals that 66 percent respondents got non formal education, few respondents (12.5%) got primary education but none got secondary on higher education. Most of the respondents (91.76%) had knowledge about family planning device but they did not practice it about 86 percent respondents did not use any kinds of device due to their religion.

Percent respondents did not seek antenatal checkup form health institution, rather they prefer their relatives and neighbors. Respondents felt shy for open talk about their pregnancy condition in the community. They have not knowledge about taking additional ion nutritional food during pregnancy period.

Majority, 62 percent of the respondents delivered at home with the help of family members or neighbors in unhygienic conditions this caused various complications among the women of Muslim community. All most all (91%) respondents did not take postnatal care and they did not this may be the result of lack of knowledge, time and money also.

The study shows that knowledge on reproductive health is very poor. Awareness should be created in the community to motivate women to utilize the health facilities this will in turn encourage them to seek antenatal and postnatal care. Moreover, focused should be on women who belong to the marginalized group.

Key Word: *Reproductive health, Knowledge, practice, Muslium Women*

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Introduction

Within the framework of the World Health Organization(WHO) definition of health as a state of complete physical and social well being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive process, function and system at all stage of life. Reproductive health life implies that men and women ought to be informed of and to have access to safe, effective, affordable and acceptable method of birth control; also the access to appropriate health care service of sexual reproductive medicine and implementation of health education programmers to stress the importance of women to go safely through pregnancy and childbirth could provide couples with the best chance of having a healthy infant.

The women who are working beyond the section , which are not socially acceptable has troubled by two factors : namely the law of enforcement officers as well as local people while asserting their right to work. The goal of universal access to reproductive health was endorsed at the highest level . Reproductive right are considered to be valuable ends for women, and it is also necessary for the enjoyment of other fundamental rights. Reproductive rights of women and adolescent girls are the main focus of this study , moreover , the importance of sex education and reproductive health programs are also the area of study.

Reproductive rights of human beings are the rights of individuals to decide either to reproduce or to have reproductive health. It consists of an individual's right to plan a family , terminate a pregnancy, use contraceptives, learn about sex education, maternal and child health , HIV and AIDS, and STD and reproductive rights among others . Government of Nepal has focused on population and reproductive health issues.

In the developing country , the situation of reproductive health and the quality of life of females are not satisfactory. The data of 2013 depicts that the maternal mortality rate of Nepal is 190 per 1,00,000. The prevalence of rate of reproductive rights is 29%. Reproductive right is very important. Since the most maternal and newborn deaths could be prevented advance access to well integrated reproductive health services that including; antenatal care , skilled attendance during childbirth and immediately after birth, and emergency obstetric care for complications. Family planning and several contraception alternatives have made women empowered on reproductive rights and enabling them to avoid early pregnancy in their life, when they are at high risk which ultimately reduces the maternal and child deaths.

Far Western Development Region is considered as the backward region of Nepal. There are nine districts in this development region,and Kailali is one out of them. This district is also underdeveloped

district. The women of Kailali district, particularly of Pathraiya VDC are conservative as well as traditional. Their thinking towards reproductive health is poor and they do not have access to modern knowledge about reproductive rights and its utilization. So the study is considered relevant to be conducted here. Therefore, such type of research has been conducted in Pathraiya VDC ward no.4 and ward no.5 of Kailali district.

Objective of Study:

1. To find out socio-demographic status of Muslim women.
2. To access the knowledge and practice of Muslim women on different components of reproductive health.
3. To explore the barriers of using the reproductive health service in Muslim Community.

Review of Related Literature

(United Nations 1996, paragraph 96)2 . As a signatory to the declarations made in these conferences, HMG of Nepal is committed to provide RH care as human rights to the Nepalese people. Human Rights have been described as universal, indivisible, interdependent and interrelated. Human dignity and non-discrimination are the values inherent in human rights. Principles of rights based approach to programming for health have been adopted by some development agencies; others could share the experiences and scale up these approaches. The key principles of human rights based approach to programming are responsibility and accountability, participation, transparency, empowerment.

The study conducted on Awareness and Utilization of Reproductive Rights Among the Women of Reproductive Age in Kapan VDC, Nepal find out that of the total 101 respondents, most of them (26.5%) were of age group 35-39 years (mean age=33 years) from different ethnic groups and religions. Most were simply literate (38.6%). Of the total, 68.3% were aware of reproductive right with commonest response being family planning (30.4%). The percentages of aware respondents towards sex education, right marriage age, ideal pregnancy age, proper birth spacing and safe abortion were 59.4%, 83.2%, 98.0%, 99.0% and 66.3%, respectively. Furthermore, 38.6% got sex education (51.2% in proper age), 34.6% got married at the right age, 56.4% conceived at right age (29.7% on own will), 78.2% of them utilized any family planning methods of which 35.6% of respondents decided themselves for family planning and 77.2% maintained proper birth spacing. Moreover, 43.6% respondents did abortion due to no desire of child (36.4%) and 34.1% decided themselves for abortion. Furthermore, 65.3% respondents did e'4 ANC visits, 52.5% delivered at health institution, 53.5% respondents did

proper PNC visits with 70.3% respondents deciding themselves for PNC. The associations between awareness and utilization for Family Planning, ANC visit, PNC visit and abortion right were statistically significant ($p < 0.05$) except for institutional delivery. Awareness and utilization of reproductive rights in the study population is higher with significant statistical associations. Similar studies in large scale are necessary for generalization of the results. (Kaphle, 2013)

(Baniya, Pokheral, Chhetri, 2015) states that the highest mobilization of sources which provided throughout the health institute disseminates the MIS information. During the study seventy nine mothers went to hospital for treatment. Utilization helps to change the delivery behavior (practice) of women (78%) with the hospital service by birth attendants. The 54.2% were not getting money (private hospital) for delivery and 13.5% respondents used money in nutrition and transportation, 11.5% used in medicine and 1% did not spend money how income and poor women (63%) have been more benefited from the incentive scheme.

Methodology

The study was based on descriptive research design to find out the reproductive health status of muslim women in Pathraiya VDC. The study population was the Muslim women of reproductive age group having at least one child. There are 24 household in Pathraiya VDC of Muslim and one women from each household was selected for respondents. Interview schedule was the main tool of data collection. Data was analysis according to objectives using SPSS programme.

Discussion and conclusion:

Socio-demographic Characteristics

Socio demographic characteristics include age, educational status, economic status of the respondents. This socio-economic status plays a vital role in the development of the country as well as the life status of the people. Population growth creates the problems of lack of quality education, health services, environmental pollution so, demographic and socio-economic characteristics of the Muslim women were examined and presented in following.

Age Composition of the Respondents

This study was conducted to find out the reproductive health status of Muslim women so only reproductive age group was selected, which is presented in following.

Table 1: Age Composition of Respondents

S.N.	Age Groups (Year)	No. of Respondents	Percent (%)
1	15-19	3	12.5
2	20-24	4	16.66
3	25-29	7	29.16
4	30-34	5	20.83
5	35-39	3	12.5
6	40 on above	2	8.35
Total		24	100

Above table shows that majority 29.16 percent of the respondents were of age group 25-29. Followed by age group 30-34 is 20.83 percent in age group of 40 years above there were the lowest proportion 8.35 percent. It is indicate that majority of the respondent were from 25-29 age group.

Educational Status of the Respondents

Education is the weapon of the all kinds of development. It helps to change the society. Respondents were asked about their educational status their reply is in below.

Table 2: Educational Status of the Respondents

S.N.	Educational Status	No. of Respondents	Percent
1	Illiterate	5	20.83
2	Non-formal Education	16	66.67
3	Primary	3	12.5
4	Secondary	0	0
5	Higher	0	0
Total		24	100

The table indicates that the majority of the respondents got only non formal education (66.67%). 21 percent respondents were illiterate. Lowest proportion got primary education (12.5%). The respondents from Muslim community have not got secondary and higher education. It is concluded that the educational status of Muslim women is poor in the study area.

Knowledge on Family Planning Device

Muslim community decoded by their religion, they do not want to use family planning device. Due to their religion the respondents were asked the knowledge about the device of family planning their answer is in below.

Table 5: Knowledge on Contraception of Family Planning

S.N.	Knowledge on Device	No. of Respondents	Percent
1	Yes	22	91.67
2	No	2	8.33
Total		24	100

Table shows that all most all respondent (91.67%) had knowledge on family planning device only few respondents (8.33%) had not knowledge on family planning device.

It is concluded that they had knowledge on family planning device in the Muslim community.

Current User of Family Planning

Family planning practice are important for shaping family, family size, prevention of HIV/AIDS and STDS and birth spacing. It helps to develop the society and country. So, the respondents were asked about the use of family planning device their replied is in below.

Table 7: User of Family Planning

S.N.	Use of Family Planning	No. of Respondents	Percent
1	Yes	9	37.5
2	No	15	62.5
Total		24	100

Table shows that more than half (62.5%) had not use the device the family planning and only more than one third (37.5%) used the device. It was indicate that more number of respondents they did not use of family planning device, there is gap between knowledge and practice of contraception of family planning.

Causes of Not Using Family Planning Device

Muslim women are decoded by their religion and culture. Many women are not want to use of family planning contraceptives respondents were asked about the barriers of family planning device their answer is in below.

Table 9: Causes of not Using Family Planning

S.N.	Causes	No. of Respondents	Percent
1	Due to religion	13	86.67
2	Not available	0	0
3	Not Necessary	2	13.33
Total		15	100

Above table shows that majority of the respondents (86.67%) not use the family planning device due to religion and 13.33 percent said not necessary. It is concluded that majority of the respondents were decoded to their religion so they don't want to use any family planning device. If they use any family planning device their god rage and angry.

Knowledge and Health Checkup Practice During Pregnancy

Health checkup practice is important factors to promote the health status of mother and child. So, respondents were asked about their health checkup during pregnancy their replied is as below:

Table 11 : Distribution of Respondents by Knowledge ANC

S.N.	Knowledge	No. of Respondents	Percent
1	Yes	16	66.67
2	No	8	33.33
Total		24	100

Above table shows that majority of the respondents (66.67%) had knowledge on ANC checkup but only one third respondents (33.33%) had not knowledge about ANC checkup. It is concluded that more than fifty percent had knowledge on ANC check up in the study area.

Casus of Not Visiting Antenatal Checkup

Above data shows that majority of the respondents were found not visiting the health institution of regular for antenatal checkup respondents were asked about the cause of not visiting health facilities during their pregnancy period their replied is in below.

Table 13: Causes not to Visit ANC

S.N.	Casus	No. of Respondents	Percent
1	Lack of Knowledge	2	25
2	Shyness	2	25
3	Lack of Money and Time	7	87.5
4	Due to Religion	6	75
Total		24	100

Multiple response only 8 respondents they did not go to visit ANC. among them majority of the respondents (87.5%) did not visit due lack of money and time most of the respondents (75%) did not visit due to their religion and 25 percent respondents did not visit due to lack of knowledge and shyness. It is indicating that a main cause of not visited ANC is lack of money in the study area.

Place of Delivery:

Safe and hygienic environment is essential during of delivery process to avoid potential infection the respondents were asked about the place of delivery their answer is show in the following table.

Table 17: Place of Delivery

S.N.	Place of Delivery	No. of Respondents	Percent
1	Home	15	62.5
2	Health Center	7	29.16
3	Hospital	2	8.33
Total		24	100

The table shows that majority of the respondents (62.5%) delivered at home, 29.16 percent delivers at health center and few respondents (8.33%) had gone hospital for delivery. It is indicate that majority of the respondents delivered at home in the study area.

Postnatal Care

Postnatal care is uncommon practice in Nepal. Adequate utilization of post natal care can help refuse mortality and morbidity among mother and their babies. Due to their low socio economic condition, women in Nepal have less access to modern health services and have more trust in traditional treatment method.

Practice of Postnatal Care

Respondents were asked about practice of post natal care their replied is in below:

Table 19: Practice of Postnatal Care

S.N.	Postnatal Care Practice	No. of Respondents	Percent
1	Yes	2	8.33
2	No	22	91.66
Total		24	100

Above table shows that all most all (91.66%) respondents did not receive postnatal care services only few (8.33%) respondents received postnatal care services. Majority of the Muslim women delivered at home, which hinders postnatal services. Most of the respondents of Muslim community replied they did not take postnatal care practice due to their religion in the study area.

Causes not to Visit Postnatal Care

Postnatal care visit reduce the maternal and child mortality but it is uncommon practice in Nepal respondents were asked about the causes no to visit PNC their replied in below:

Table 20: Causes not to Visit PNC

S.N.	Causes	No. of Respondents	Percent
1	Not Necessary	10	45.45
2	Lack of time and Money	15	68.18
3	Due to religion	20	90.90
Total		24	100

Multiple Response Almost all respondents (90.90%) they did not go for PNC due to religion 68 percent said lack of time and money and 45 percent said not necessary. It is concluded most of the respondent in the study area are devoted by their religion.

Conclusion

Form the above analysis, it is concluded that the knowledge about safe motherhood in Muslim women is poor, who have knowledge they also not use any family planning device.

They are decoded by their religion in the socio-economic condition of the respondents was very poor. Literacy rate in the community was low. So the Muslim community had less knowledge about safe motherhood and reproductive health. They were not conscious about reproductive health. So, they highly influenced by early marriage and teenage pregnancy. Majority of the respondents were delivered at home with helped by traditional birth all andantes. Family members, relatives and by neighbors most of the respondents had knowledge about family planning but they did not use. Because they devoted by their religion. Majority of the respondents did not have antenatal visit four times and they did not take additional food during pregnancy.

Respondents in the study area did not get full does of TT vaccine. The respondents of the Muslim community did not have knowledge of seeking a postnatal care until and unless they had a serious problem.

At last to concluded that, Muslim community must made aware about different women issues like reproductive health status. Different components of reproductive health e.g. antenatal care service, safe delivery place and postnatal practice in problem and qualitative way should

provide so first of all Muslim community must be educated, which will bring changes in personal knowledge, special education package about reproductive health is needed for those illiterate women in this community.

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